N. B.--Every Item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD IS A PERMANEN BINDING FOR UNFADING INK--THIS MAK SIN RESERVED AINLY, WIY WRITE

vi.

PLACE OF DEATH Councy alleganing 116(1)	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City museland (No. 139 A) 2 FULL NAME Francis Carolic	Registration Dist. No. 4 Ward) Acking Ward) Registration Dist. No. 4 If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWRSS OR DIVORCE (Write the work of the control of th	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 1927, to Nov 1, 1927, that I last saw h 200 alive on 200 1, 1927, and that death occurred on the date stated above, at 82 1/2 m.
54 6 21 If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
a) Trade, profession or particular kind of work. (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs mos de
9 BIRTHPLACE (State or country)	Contributory aceta Adelacater They secondary
10 NAME OF FATHER PROBLEMS	(Signed) (Signed) (Signed) (Signed) M. D.
11 BIRTY HACE OF EATHER (State or country) 12 MAIDEYNAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER 18 BIRTHPLACE OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents) At place In the
(State or country) MANNE OF MY KNOWLEDGE	of death yrs. mos. da. State, yrs. mos. da. Where was disease contracted,
(Informant) Bulana Rekerman.	Former or usual residence.
(Address) Consulistant	19 PLACE OF BURIAL OR REMOVAL SOTE OF BURIAL
FileMov. 14, 1922, Harvey ItWeiss Registrar	20 UNDERTAKER ADDRESS
If more blanks are needed. address State Registrar.	16 W. Saratoga St. Balto Pagnosting V S No 1

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scruunt, Cook ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Honsewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Cval mine, etc. Wom. er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman. (b) Antomobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in inclusivial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient. e. g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various parsuits can be known. The quescapation is very important, so that the relative health whatever, write Nonc. to report specifically the occupations of persons enworked on may form part of the second statement Civil engineer. Stationary firemen, etc. Statement of Occupation Precise statement of oe For many occupations a single word or term on without more precise specification as Day For persons who have no occupation As examples: (a) 13111 The material in many

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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diseases resulting from childbirth or miscarriage as symptomatic), "Atrophy," "Collapse," conditions, such a "Asthenia," "Anaemia" ary), 10 ds. causing death). 29 ds.: Bronchopneumonia stated unless important. (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menhead of "contributory." quences (e.g., sepsis, tetanus) may be stated under the train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or taken. State cause for whiel, sargical operation was under "Puerperal septicaemic." Puerperal peritonitis," etc. ean be ascertained in the cause. Always qualify all "Uraemia," "Weaknes " etc., when a definite disease rhage," "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." Chronic interstitied nephritis, etc. The contributory Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Poisoned by carbot's acid-probably suicide. Examples: Accidental drowning; (secondary or intercurrent) affection need not be Whooping cough: of "Tunnor" for malignant neoplasms); Meastes; FOR VIOLENT DUATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal Chronic valvular (R-commendations on state-Example: Measles (disease Struck by railway heart discase; "Coma," "Con-The na-(second-(merely

If this certificate is lo ked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

Village or City (No. St.; Ward) (If denth occurred in a hospital or institution, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE 5 SINGLE, Wildow Edward Wildow
Village or City (No. St; Ward) (If denth occurred in a hospital or institution, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARKIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than I dayhrs. Registration Dist, No. (If denth occurred in a hospital or institution, give its NAME instead of street and number.) MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Year) If LESS than I dayhrs. The CAUSE OF DEATH % was as follows:
Village or City (No. St. Ward) 2 FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (World the word) 17 I HEREBY CERTIFY, That I attended the deceased from 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word) 17 I HEREBY CERTIFY, That I attended the deceased from 1922, to 1922, that I last saw has alive on 1922, that I last saw has alive on 1922, The CAUSE OF DEATH is was as follows:
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) The CAUSE OF DEATH % was as follows:
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) The CAUSE OF DEATH % was as follows:
3 SEX 4 COLOR OR RACE 5 SINGLE, MARKIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) (Month) (Day) (Year) that I last saw has alive on last stated above, at last saw has alive on last stated above, at last saw has alive on last stated above, at last saw has a follows: The CAUSE OF DEATH it was as follows:
3 SEX 4 COLOR OR RACE 5 SINGLE, MARKIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) (Month) (Day) (Year) that I last saw has alive on last stated above, at last saw has alive on last stated above, at last saw has alive on last stated above, at last saw has a follows: The CAUSE OF DEATH it was as follows:
MARKIED, WIDOWED (Month) (Day) (Year) 6 DATE OF HIRTH Accessed From (Month) (Day) (Year) 18 192 19
OR DIVORCED (Write the word) 17 I HEREBY CERTIFY, That I attended the deceased from 1922, to
AGE AGE AGE AGE AGE AGE
that I last saw h alive on 1922, to 192
AGE (Month) (Day) (Year) If LESS than I dayhrs. The CAUSE OF DEATH it was as follows:
AGE If LESS than I dayhrs. The CAUSE OF DEATH % was as follows:
The CAUSE OF DEATH % was as follows:
54 4 26 1 day 118.
OCCUPATION Sund Harles bendants
(a) Trade, profession or particular kind of work.
(b) General nature of industry
business, or establishment in (Duration)
BIRTHPLACE Contributory
(State or country)
10 NAME OF COLOR (Duration)
FATHER Jacob allnows 1 (Signed) M.D.
11 BIRTUMACE OF FACTHER *State the Disease Causing Death or, in deaths from
*State the Disease Causing Death, or, in deaths from Violent Causes, State or country) *State the Disease Causing Death, or, in deaths from Violent Causes, State or Country; and (2) whether Accidental, Suieldal or Homicidal,
OF MOTHER
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER At place
(State or country) of death yrsmosda. State,yrsmosda. Where was disease contracted,
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?
(Informant) Bartha Allright Former or usual residence william pa
21 Of PLACE OF BURIAL OR REMOVAL PRITE OF BURIAL
(Address) Millershung Pa Jan 6, 19, 2,2
ADDRESS
Filed 192 2 Registrar
If more blanks are needed address State Registrary 16 W Saratogs St. Palto Requestion V S. No. 1

REVISED UNITED CERTIFICATE OF DEATH STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs,). For persons who have no occupation business, that fact may be indicated thus: Farmer (gastate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Coak ployed, as At school on At home. Care should be taken definite salary), may be entered as Housewife, House on at home, who are sugared in the duties of the or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer. Farm laborer Laborer Coal mine, etc. Womer," etc,.. without more precise specification as Day Never return "Laborer;" "Foreman, "Manager," "Deal-Spinner, (b) Cotton mill; (u) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Worked on may form part of the second statement (a) Foreman, (b) Automobile factory: The material additional line is provided for the latter statement; it cases, especially in industrial employments. It is neces-Civil engineer, Stationary fromen, etc. But in many Physician, Compositor, Architect, Lacomobive engineer, the first line will be sufficient, e. g., Farmer of Planter. age. For many occupations a single word or term on tion applies to each and every sperson, irrespective of fulness of various pursuits can be known, The gues cupation is very important, so that the relative health-Statement of Occupation .- Precise statement of ocor At Home, and children, not gainfully em-

Typhoid fever (never report "Typhoid pnenmonia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect fever (the only definite synonym is "Epidemic eerebro to time and causation), using always the same accept-Lobar pneumonia, Bronchopneumonia ("Pneumonia, Statement of Cause of Death-Name, first, the DIS

> , unqualified, is indefinite); Tuberculosis of lungs, menture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Toropsy," "Exhaustion." "Heart failure," "Haemor eonditions, such as "Asthenia," reausing death), 29 ds.; Bronchopneumonia ment of cause of death approved by Committee on head of "contributory." quenees (c. g., sepsis, tetanus) may be stated under the and qualify as Accidental, Suicidal, or Homicidal, or "Puerpenal septicaemia." "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," stated unless important. Example: Measles Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway wulsions." ary), 10 ds. Never report mere symptoms or terminal (secondary For intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonarum, etc., Carcinoma, Sarcoma, etc., of Whooping cough; Chronic valvular heart disease; "Debility" ("Congenital," "Senllc," etc.), (Recommendations on state-"Anaemia" "Coma," "Con-(second-(disease (merely

tions inswered in detail, it will prevent further correspondence and the data is essential and must be obtained before It this certificate is looked over thoroughly and all ques-

the certificate is permanently filed.

1 PLACE OF DEATH STATE OF MARYLAND HYSICIANS statement of CERTIFICATE OF DEATH County Registration Dist. No. If death occurred in Ward) a hospital or institution. give its NAME instead of street and number. I EXA REC PERSONAL AND STATISTICAL PARTICULARS MEDICAL OFFICATE OF DEATH SINGLE 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE LARRIED. WIDOWED OR DIVONC (Write the wo (Month) I HEREBY CERTIFY, That attended deceased from 6 DATE OF BIRTH ce (Year) (Month) rnay t 7 AGE If LESS than and that death occurred on the date stated above. at 5:05 1 day, hrs. back O The CAUSE OF DEATH * was as follows: OR min. ? H H that uo (a) Trade, profession, or supplied ons particular kind of work 20 (b) General nature of Industry in terms, instruction business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) See 10 NAME OF FATHER (Signed) tion should by DEATH In important S 11 BIRTHPLACE OF FATHER PAREN *State the DISEASE CAUSINO DEATH, or, in deaths from Worker CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, (State or country) 12 MAIDEN NAM of Information OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, ō very لتا 13 BIRTHPLACE S At place le the OF MOTHER 100 5 of deathyrs.mos. ... 4 Where was disease contracted, Z 14 THE ABOVE IS TRUE O If not at place of death? should state (Former or usual residence If more blanks are needed, address State Registrar, 18 W. Stratoga St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers Housemaid, etc. If the occupation has been changed who receive a definite salary), may be entered as Housemobile jactory. The material worked on may form part taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question for many occupations a single word or term on the Statement of Occupation -- Precise statement of occupa-Housework, or At Home, and children, not gainfully is very important, so that the relative healthful-Compositor, For persons who have no occupation whatever, Architect, Never return "Laborer," Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal nicaningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified. is indefinite); Tuberculosis of lungs, menin-

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on Nomenelature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, mus, to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deates "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Pumperal septichaemia," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), lapse," "Coma," "Anacmia" symptonis or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. rent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Meastes; Whooping (name origin; "Cancer" is less definite; avoid use of " "Old Age," "Shoek," "Uraemia," "Weakness, by railway train-accident; Revolver wound The nature of the injury, as fracture of skull, Always qualify all diseases resulting from ehild-(merely symptomatie), "Atrophy," oma," "Convulsions," "Debility" (seeondary), 10 ds. The contributory (secondary or intereur-"Dropsy," Never report mere "Exhaustion," ("Con-

If this certificate is looked over thoroughly and all quastions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
allegary 110	CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City Qualty and (No. 37	Quelliam St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME THE	and the same of th
PERSONAL AND STATISTICAL PARTICULAR	
Male Whate Owners of Sangle, Marketen widowes of Owners	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH MW M	Man 27 1927, 10 Mot 27, 1922.
(Month) (Day)	(Year) that I last saw h (Malive en) 1924,
7 AGE	and that death occurred on the date stated above, at The CAUSE OF DEATH & was as follows:
yrs	min. ?
8 OCCUPATION (a) Trade, profession or particular kind of work.	Junuary V John
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yrsmosde,
& BIRTHPLACE (State or country) allegans (4)	Contributory Secondary Duration April 1978
10 NAME OF Jacks of Collam	(Signed) 1. J. J. Com g M. D.
U BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER OLSE OF, 30 dle	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. da. State, yrs. mos. da. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE REST OF MY KNOWL	EDGE if not at place of death?
(Informant) My Co. Allam	usual residence.
(Address) fumberland-	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL A LEMMON DEN 100. 28,1922
Filed Nov 28192 2 Harvey HU.	STRAF JUNDERTAKER JOHN Combulan
If more blanks are needed, address State	Registrar. 16 Saratoga St., Ralto. Requesting V. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. tired (urs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerer," etc., without more preelse specification as Day Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore au sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary firemen, etc. But in many fulness of various pursuits can be known. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on At Home, and children, not gainfully em-Coal mine, etc. The ques-Wom-

Ease causing death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia")

DEC

quences (e. g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely dlseases resulting from childbirth or miscarriage as conditions, such as "Asthenia," "Anaemia" use of "Tumor" for malignant neoplasms) inges, peritonatum, etc., Carcinoma, Sarcona, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. rhage," "Inauition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma. ary), 10 ds. Never report mere symptoms or stated unless important. Chronic interstitial nephritis, etc. Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under-"Uraemia," "Weaknest," etc., when a definite disease causing death), 29 ds.; Bronchopnoumonia (secondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart (name orlgin; "Caucer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Schile," etc.), (Recommendations on state-Example: Meusics Always qualify all The contributory Mcastos; discase; terminal (second-(merely (disease " "Соп-

If this certificate is lo ked over thoroughly and all questions answered in detail, it will prevent further correspondence.

All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Charles County	Registration Dist. No. 4
Village or City (No. (No. (No. (No. (No. (No. (No. (No.	St., Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 FEX 4 COLOR OF RACE 5 SINGLE MARRIED, WIDOWELL OR MIVORGED (OF MIVORGED)	16 DATE OF DEATH (Mouth) (Year) 17 ~ I HEREBY CEDTIFY, That I all Added the deceased from
FOATE OF BIEFR (Year)	Hat I last saw ham alive on 200 13 192.
7 AGE Openth (Day) (Year) If LESS than I dayhrs.	The CAUSE DE DEATH 2 was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) yrs. 7 mos. ds.
which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary Ducation)
10 NAME OF FATHER 11 BIRTHPLACE OF EATHER (State of country) 12 MAIDLEN NAME 12 OF FATHER (State of country)	(Signed) M. D. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTUPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE ABOVE TO THE ABOVE IS TRUE TO THE ABOVE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transcents, or Recent Residents) At place of death yrs. mos. da. State, yrs da. Where was disease contracted M. Savago da. if not at place of death?
(Informant) 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Former or usual residence MA Savage Met- 19 PLACE OF BURIAL OR REMOVATOR SE OF BURIAL
Filed ov. 15, 1922. Harvey HWaiss Registrar	20 UNDERTAKER ADDRESS ABOVE St., Balto., Requesting V. S. No. 1.
distribute of the state of the	or w. maratoga me, mater, requesting v. in the a

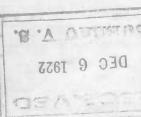
(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons cnwork, or At Home, and children, not definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every fulness of various parsuits can be known. The quescupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed ployed, as At school or At home. Care should be taken worked on may form part of the second statement Civil engineer, Stationary firemen, etc. Statement of Occupation - Precise statement of oc-Foreman, (b) For many occupations a single word or term on Automobile factory. Laborerperson, irrespective of -Coal mine, etc. Wom-As examples: (a) gainfully em-But The material in many

Statement of Cause of Death—Name, first, the ms-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumenia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> train-accident: Revolver wound of head-homicide Examples: Accidental drowning; Struck by railway and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OI ean be ascertained at the cause. Always qualify all rhage," "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemor symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. stated unless important. inges, perilonaeum, etc., Carcinonu, Sarcoma, etc., ot (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences ture of the injury, as fracture of skull, and consc Poisoned by cerbolic acid-probably suicide. The naas probably such, if impossible to determine definitely State cause for which surgical operation was under-"Puerpenal seplicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage vulsions," eausing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory "Uracmia," "Weeknes ." etc., when a definite disease Whooping cough; (secondary or intercurrent) affection need of "Tumor" for malignant neoplasms); Meastes; FOR VICLENT DEATHS State MEANS OF INJURY "contributory." (e.g., sepsis, tetanus) may be stated under the "Bebility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal Chronic valvular Carcinona, Sarcoma, etc., of (Recommendations on state-Example: Meastes (disease "Anacmia" heart "Coma," disease; (second-(merely not be "Con-228

If this certificate is looked over thoroughly and all questions enswered in detail, it will prevent further correspondence. I'll the data is essential and must be obtained before the certificate is permanently filed.



1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No [if death occurred in a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE (Day) ERM Write the word) 17 I HEREBY CERTIFY. That I attended deceased from (Month) (Day) TAGE If LESS than 1 day hrs. BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) -----BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER PARENTS (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. pialn OF MOTHER instructions BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 5 At place OF MOTHER (State or country) lo the EATH State yrs, ____ mos. Where was disease contracted. It not at place of death?. Former or OF usual residence Important. CAUSI REGISTRAR If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The 6

Statement of cause of death—Name, first, the digrass causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy, cause of death approved by Committee on Nomencla scpsis, tctanus) may be stated under the head Accidental drawning; Struck by railway train—accident; Revolved round of head—homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scptichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convuisions," "Debility" ("Con mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never repor ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples: 01

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WRITE AINLY	WRITE AINLY, WITH UNFADING INKTHIS IS A PERM	BINDING IS A PERM
CIANS should state C	CIANS should state CAUSE OF DELATH In plaint terms so that it may statement of OCCUPATION is very important. See instructions on bac	AGE Should that it may ctions on bac

V. S. No. 1.

County allegans 11666	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City William (No. (No.)	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the decessed from 192.7, to Nov. 8, 192.2.
(Month) (Day) (Year)	that I last saw h lalive on
7 AGE (Month) (Day) (Year) 1 If LESS than I dayhrs. or min. ?	and that death occurred on the date stated above, et 1300, m. The CAUSE OF DEATH is was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. 7 ds.
9 BIRTHPLACE (State or country) midle of but	Contributory Secondary (Duration) A yrs mos de
10 NAME OF Robert Blair	(Signed) Sterry M. J. M. D.
11 BIRTHPLACE OF FATHER (State or country) We Garden Wood 12 MAIDEN NAME	*State the Disease Causing Death, or, in leaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Elverson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Mulled Mul	lents, or Recent Residents) At place In the of death yrs. mos. da. State, yrs. mos. da. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) TOWN 2000	usual residence.
(Address) Mellard Med	Me Lukies 2 21 19 PLACE OF BURIAL Me Lukies
Filed Nov 10 1922 De Du Demot	20 UNDERTAKER ADDRESS Linder Linder
O If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the disease causing Death whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal minc, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully cmwithout more precise specification as Day

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as Accidental, suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatie), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal eausing death). 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of(name origiu; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men Poisoned by carbolic acid-probably suicide. The navulsions," use of "Tumor" for malignant neoplasms); Mcasles; (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; FOU VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senlle," etc.), (second-(merely

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PLACE OF DEATH	STATE OF MARYLAND
County all's cassing	CERTIFICATE OF DEATH
1 is me	Registration Dist. No.
Village or City	Ward) (If death occurred in a hospitel or institu-
TP 1- HI	tien, give its NAME in- stead of street and number.)
2 FULL NAME CARROLL S	and the second s
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WHOOWED ODD DIVORCES	(Month) (Day), 1: 2
6 DATE OF BIRTH	17' I HEREBY CERTIFY, That I attended the deceased from
,970	that I last saw hermalive on // - / 4 , 192 7
(Month) (Day) (Year)	and that death occurred on the date stated above, at 8:200m.
7 AGE If LESS than I dayhrs.	The CAUSE OF DEATH A was as follows:
yrsds. or min. ?	Shack- Fractives fewer
8 OCCUPATION (a) Trade, profession or	a sulviview about teas
particular kind of work	Cilamobeted accident of
business, or establishment in which employed or (employer)	(Duration) yrs m8s de,
9 BIRTHPLACE (State or country)	Contributory Secondary
1 10 NAME OF	(Duration) yrs mos da,
FATHER DOWN KNOW	(Signed)
in Birthplace of Father (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
2 12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
18 BIRTHPLACE OF MOTHER A	At place of death yrs. mos da In the State, yrs. mos da
(State or country) 13 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, La Vale, m. 2.
Your Broad	Former or usual residence. Unknown
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Charles towne Solt. 1. 19 92
Filed Nov. 16,1922 Harvey Alleris	20 UNDERTAKER ADDRESS
Registrar	A (O WOLFORD Orchaland
O If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

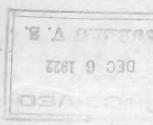
(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Groeery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kiud of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up ou account of the DISEASE CAUSING DEATH, Housemaid, etc. ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day worked on may form part of the second statement (a) should be used only when needed. As examples: (a) Civil engineer, Stationary firemen, etc. But in many tion applies to each and every person, irrespective of tired 6 yrs.). For persons who have no occupation to report specifically the occupations of persons enfulness of various pursuits can be known. Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. For many occupations a single word or term on If the occupation has been changed -Coal mine, etc. The material The ques-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (aveid use of "Croup"): Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal use of "Tumor" for malignant ueoplasms); quences (e.g., sepsis, tetunus) may be stated under the ture of the injury, as fracture of skull, and conse train-accident; Revolver wound of head-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," stated unless important. Chronic interstitial nephritis, etc. inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"PUERPERAL septicaemia." "PUERPERAL peritonitis," etc. "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," causing death), 29 ds.; Bronchopnoumonia Poisoned by carbolic acid—probably suicide. (secondary or intercurrent) affection need not be Whooping cough; Chronic vulvular heart (mame origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MICANS OF INJURY "Debility" ("Congenital," "Senile," etc.) (Recommendations on state-Example: Measles The contributory "Coma," -homicide; Meastes; The ua-(second. (disease discuse; (mcrely

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PLACE OF DEATH	STATE OF MARYLAND
County of Clegany 116(8	CERTIFICATE OF DEATH
0. 6	Registration Dist, No.
Village or City wey nove (No	3 deu St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWER WIDOWER OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decased from 1922, to 1922, to 1922, that I last saw hold alive on 1922
7 AGE If LESS than 1 dayhrs yrs	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country)	Contributory Jensenhage
10 NAME OF Saria Mann 11 BIRTHPLACE OF FATHER 12 S C	(Signed) Suration) yrs. mos. 4 de (Signed) M. D.
OF FATHER (State or country) MAIDEN NAME OF MOTHER Many Geatly	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans.
13 BIRTHPLACE OF MOTHER (State or country) 15, Q,	lents, or Recent Residents) At place In the of death yrsmosda. State,yrsmosda
(Informant) Supply Bridge	Where was disease contracted, if not at place of death?
(Address) 306 arch St. Cumberland	Buckt Volley a. Mav. 18, 192
Filed Nov. 1 1922. 12 Registrar	20 UNDERTAKER ADDRESS Some

the decased from

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from ployed, as At school or At home. Care should be taken en at home, who are engaged in the duties of the whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic scrvice for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. to report specifically the occupations of persons en-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day But in many The ques

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Syinal meningitis"); Diphtheria ("Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (c. g., sepsis, tetanus) may be stated under the diseases resulting from childbirth or misearriage as symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain—accident; Revolver wound of head—homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage." "Inauition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Whooping cough; "Debility" ("Cougenital," "Senile," etc.), Chronic valvulur heart disease; Example: Measles (disease "Coma," (second-(merely "Conetc.

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BINDING

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6 D	ATE OF BI	RTH		(Write the	·	1
		gio apprismath à di dubito a del mara qu	No (Month)	3,	, 1 922 (Year)	ti
		Tree of	-		I. I	
0 (h 0 (h 0 h	CCUPATION) Trade, pro articular kin b) General n usiness, or o hich employ (State or	ofession or of of work ature of indu establishmen yed or (emple Ecountry)	stry t in oyer)	ant	ds.lor min. ?	
(a) (b) (b) (w) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	CCUPATION) Trade, pro articular kin b) General n usiness, or c hich employ (State or 10 NAME FATHE	ofession or of dof work ature of inden establishmen ved or (emple country) OF	stry t in oyer)	ant .		
(a) (b) (b) (w) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	CCUPATION Trade, pro articular kin Ceneral n usiness, or of thich employ RTHPLACE (State or NAME FATHE 11 BIRTH OF FA'	ofession or of of work ature of inducestablishmen or (employed or (employed or (employed)) OF ER	stry t in oyer)	ant The Bos		(5)
0 (le 0 (b) 0 w	CCUPATION Trade, pro articular kin Ceneral n usiness, or of thich employ RTHPLACE (State or NAME FATHE 11 BIRTH OF FA'	ofession or dof work ature of inducestablishmen ved or (emplession try) OFER PLACE THER or country) N NAME	Inf stry t in oyer) Md. Harry W.Va.	ant The Bos	sley,	
OP (I B) W SIND W	CCUPATION Trade, pro articular kin Office and in Usiness, or or chich employ IRTHPLACE (State or IO NAME FATHE II BIRTH OF FA' (State II MAIDE OF MO' IS BIRTH OF MO'	ofession or d of work ature of industribution or (employed or (employed or (employed)) OF ER PLACE THER or country) N NAME THER	Inf stry t in oyer) Md. Harry W.Va.	ant TH. Bos May Maj	sley,	(S
DARRINTS WITH STRING	CCUPATION Trade, pro articular kin Office and in Usiness, or or hich employ (State or OF NAME FATHE II BIRTH OF FA' (State OF MO' IS BIRTH OF MO' (State) (State)	ofession or of of work ature of indu establishmen ved or (empl E country) OF PLACE THER or country) N NAME THER or country E IS TRUE T	Inf stry t in oyer) Md. Harry W.Va. Esta W.Va.	Ant H. Bos	sley,	(\$

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

st; 6-2 Ward)

(If death occurred he a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH MICE	
100	, 15.2 2
(Month)	(Day) (Year)
17 I HEREBY CERTIFY, That I a	- December 1
/lov 3 192 710/	
that I last saw hamalive on	S 192 2
and that death occurred on the date stat	ed above, at 27 m.
The CAUSE OF DEATH & was as follows:	
THE CAUSE OF DEATH AT WAS AS TOHOWS	due to
Lyonario	on of heart.
malfornate	on / hear!
	2.
(Duration)	yrsmosde.
Contributory	
P VF O (alle	ast To M.D.
200 6 192. 2 (Address) Com	nderland ma
*State the Disease Causing Deat Violent Causes, state (1) Means of In	h, or, in deaths from
Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	ijury; and (2) whether
18 LENGTH OF RESIDENCE (For Hos	pitals, Institutions, Trans-
ients, or Recent Residents)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
At place In the	
	ate,yrsmosde.
Where was disease contracted, if not at place of death?	
Former or	
usual residence,	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Rose Hill Cem.	Nov.6, ,1922
20 UNDERTAKEE	ADDRESS
Louis Stein	Cumberland.
	Ownoor Toures

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screent. Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various parsuits can be known. The queseupation is very important, so that the relative health-Statement of Oceupation-Precise statement of oc-For many occupations a single word or term on For persons who have no oecupation -Coal minc, etc. Wom-The material

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> head of "contributory." (Recommendations on state-Nomenclature of the American Medical Association.) ment of eause of death approved by Committee on quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by cerbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or "Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anacmia" ary), % ds. taken. For violent deatils state means of injury State cause for which surgical operation was undervulsions." causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. inger, perfondeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid "Tumor" for malignant neoplasms); "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railway Never report mere symptoms or terminal Chronic valvular heart discase; Carcinoma, Sarcoma, etc., of Example: Measles Always qualify all The contributory Mousles; (seeond-(merely (disease

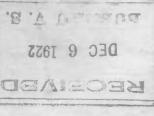
(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Whatever, Write None. tired 6 grs.). For persons who have business, that fact may be indicated thus: Farmer (regaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons or given up on account of the disease causing death, Housemaid, etc. ployed, as .11 school or At work, or At Home, and children, not gainfully emdefinite salary), may be entered as household only (not paid Housekeepers who receive a en at home, who are engaged luborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, should be used only additional line is provided nature of the business or industry, and therefore an Civil engineer, Stationary firemen, etc. But the first line will be sufficient, e.g., Parmer or Planter, sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive tion applied to each and every person, irrespective at fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of etc., For many occupations a single word or term on without more precise specification as (a) the kind of work and also (b) If the occupation has been changed Occupation-Precise statement of ocwhen needed. home. Care should be taken for the in the duties of the latter statement; it Housewife, Housesecond statement. As examples: (a) no oecupation (4) Grocery; cuguicer, in many Day

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerobrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid meumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee quences ture of the injury, as fracture of skull, and conse-Poisoned by curbolle acia-probably suicide. Examples: as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or taken. For violent dualies state means of injury State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. "Uraemia," "Weeknes:" etc., when a definite disease rhage," "Inauition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," ary), 10 ds. Never report mere symptoms or "Dropsy," "Exhaustion," "Heart vulsions," conditions, causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. use of "Tumor" (name origin; "Caneer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Whooping cough; Chronic valentar heart disease; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of of -uccident; Revolver wound of head-homicide; "contributory." (e. g., sepsis, tetanus) muy be stated under the "Debility" such as "Asthenia," Accidental diowning; for malignant neoplasms); ("Congenital," "Senile," etc.), (Recommendations on state-Example: Meastes "Апасшіа" Struck by railway failure." Always qualify The contributory "Coma," "Haemorterminal Mousies; The na-(merely (second-(disease not be "Conetc. 21

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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PHYSI-

PLACE OF DEATH	STATE OF MARYLAND
a allegany 11611	CERTIFICATE OF DEATH
County Well and 11611	Registration Dist. No.
Village or City (No. , Co.)	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX A COLOR OR RACE 5 SINGLE, WILDOWED OR DIVORCED (Write the word)	(Month) (Day) , 192
6 DATE OF BIRTH (Month) (Day), 1 (Year)	that I last saw handle alive on 192
7 AGE If LESS than dayhrs. dayh	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer).	Contributory Chrysic British
9 BHRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	(Signed) M. D
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place in the State,yrsmosda.
(Informant) (Address) (Address) (Address)	Where was disease contracted, if not at place of death?
Filed 1927 Registrar O If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not guinfully emdefinite salary), may be entered a household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., worked on may form part of the second statement. Never return "Caborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient e.g., Farmer or Planter, cases, especially in industrial employments, it is neces-Civil engineer, Stationary faremen, etc. Physician, Compositor, Architect, Locomotive engineer, tion applie to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as If the occupation has been changed Housewife, House-But in many Day

Typhoid fever (never report "Typhoid pneumonia");
Lodar pneumonia, Bronchopneumonia ("Pneumonia," spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cercbrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-(the only definite synonym is "Epidemie cerebrotions answered in letail, it will prevent further correspondence. All the land is essential and must be obtained before the Cortificate as formamently filed.

ment of cause of death approved by Committee head of "contributory." quenees ture of the injury, as fracture of skull, and consetaken. rhage," "Inanition," "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," "Anaemia" Nomenclature of the American Medical Association.) train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely, and qualify as accidental, suicidal, or Homicidal, or State cause "PUERPERAL seplicaemic," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. symptomatic), "Atrophy," "Collapse," ary), 10 ds. stated unless important. Poisoned by carbolic acid-probably suicide. The na-"Uraemia," "Weaknes." etc., when a definite disease "Dropsy," "Exhaustion," "Heart fullure," "Haemorvulsions," eausing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men (secondary or lutercurrent) affection need not be nyes, peritonacum, etc., Whooping cough; If this cerifficate is lo ked over thoroughly and all ques-FOR VIOLENT DEATHS State MEANS OF INJURY (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-Never report merc symptoms or terminal Chronic valvular heart disease; Carcinomu, Surcoma, etc., of (Rocommendations on state-Example: Measles Always qualify all The contributory "Coma," "Con-Measles; (second-(disease (merely

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK -THIS IS A PERMANENT RECORD . 200 Z

RESERVED FOR BINDING

MARG

V 8. No. L

PLACE OF DEATH	STATE OF MARYLAND
County allegans.	CERTIFICATE OF DEATH
THE CORPORATE LAMPS OF	Registration Dist. No. 4
Village or City Ourseles la (No. A Qll Que P. P.	[If death occurred in a hospital or institution, give its NAME instead
2 FULL NAME YULLA LOS	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEXI 4 COLOR OR RACE 5 SINGLE, MARRIED, Single	16 DATE OF DEATH
Female white Write the word	(Month) (Day) (Year)
DATE OF BIRTH	I HEREBY CERTIFY, That attended deceased from
March 2 1922	, 191 6, to , 1916,
(Month) (Day) (Year) 7 AGE If LESS than	that I last saw had live on 1982
1 day,hrs.	and that death occurred on the date stated above, at
yrs. 8 mos. ds. OR mia.?	THE CAUSE OF DEATH + WAS AS TOHOWS:
OCCUPATION (a) Trade, profession, or	prince and da!
o particular kind of work. (b) General nature of industry	
U business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
- Marshung Ind	19uration) yrs mos ds
10 NAME OF FATHER	(Signed) 7 V TO SOUM &
11 BIRTHPLACE	11 Q 180 % (Address) Cultural Si
Z OF FATHER (State or country)	A State the Disease Causing Death, or, in deaths from VIOLENT CAUSES, STRIE (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
T 12 MAIDEN NAME OF MOTHER O	BUICIDAL OF HOMICIDAL.
13 BIRTHPLACE DE TYMBENGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
OF MOTHER (State or country)	At placa in the state of deathyrsmee ds. State
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted from the place of death?
(Informant) Lasence South	Former or saudi regidance Frostburg Md-
and the mal	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 4 July 19 111	allegen Comet to att of 10/11.22
Flech 009: 19122 Harvey Huers,	20 GNDERTAKER ADDRESS
REGISTRAR	Donast Fromsthung
O 1f more blanks are needed, address State Registrar.	Saratoga St., Balto., Requesting V. S. No. 1

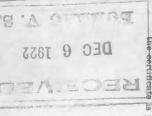
[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired eniployed, as At school or At home. Care should be write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons Housemaid, etc. If the occupation has been changed wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Groccry: (a) Foreman, only when needed. As examples: is provided for the latter statement; it should be used business or industry, and know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, ness of various pursuits can be known. The question engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Stationary fireman, etc. But in therefore an additional line Locomotive engineer, (a) Spinner, (b) Cotton many cases, (b) Auto-

unqualified. is indefinite); Tuberculosis of lungs, meninspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); causing DEATH (the primary affection with respect to Statement of Cause of Death-Name, first, the DISEASE (the only definite synonym is "Epidemic cerebroand causation), using always the same accepted for the same disease. pneumonia, Bronchopneumonia Examples: Cerebrospinal ("Pneumonia,

> suicidal, or Homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: on Nomenclature of the American Medical Association. on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, letanus) may be stated swicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deatus birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which ctc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inantion," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness." lapse," "Coma," symptoms or terminal conditions, such as "Asthonia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstition "Anaemia" (merely symptomatic), Example: Measles (disease causing death), 29 ds.; Bronncphritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver The contributory (secondary or intercur-"Convulsions," "Debility" (Recommendations "Atrophy," Never report mere nound ("Con-

ence. All the data is essential and must be obtained before the certificate is permanently filed. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-



	PLACE OF DEATH	11613	STATE OF MARYLAND CERTIFICATE OF DEATH
Co	ounty allegany	(1:	29
Villa	ge or City Caraldon of	(No. 613 Co	Registration Dist. No
	PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 ST		GLE, CMIED, DOWED DUVORCED	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from august 1 1921, to 1922. that I last saw hum alive on how 16 1922.
-	(Month)	(Day) (Year)	and that death occurred on the date stated above, at 2/3 p.m.
₹ AG	= 11	If LESS than I dayhrs.	The CAUSE OF DEATH : Was as follows: Chronic myocarolitis & mephriti
(a	CUPATION Trade, profession or articular kind of work.		
(b) General nature of industry business, or establishment in which employed or (employer)			(Duration) 2 yrs mos de.
100	RTHPLACE (State or country)	6	Contributory Secondary (Dyration),yrsmosds.
	10 NAME OF FATHER MACHAELE	wolfsman	(Signed) WN Hodgle M.D.
ENTS	II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	6	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidai.
PAR	OF MOTHER SUSCESSION	Rios	18 LENGTH OF RESIDENCE (For Rospitals, Institutions, Trans- ients, or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country)	ruch	At place of death yrs, mes, da. In the State, yrs. mos. da. Where was disease contracted,
14 T	(Informant)	MY KNOWLEDGE	if not at place of death?
15	(Address) Agentia	and B	PRODUCT GROUND LOTTE OF BURIAL
F	ile Nov. 20, 1922 1taru	ey Huess Registrar	20 UNDERTAKER ADDRESS ADDRESS ADDRESS
	If more blanks are needed, a	Mress State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthhusiness, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. whatever, write None. tired 6 yers.). For persons who have no occupation or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enlaborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner. (b) Cotton mill; (a) Salesman. (b) Grocery; Civil engineer, Stationary firemen, etc. But in many Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day The ques-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

couditions, such as "Asthenia," "Anaemia" use of "Tunuor" for malignant neoplasms); Meastes; ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF dlseases resulting from childbirth or misearringe as rhage," "Inauition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles unqualified, is indefinite); Tuberculosis of lungs, menhead of "contributory." ture of the injury. as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The nataken. For violent deaths state means of injury "PUERPERAL septicuemia." "Puerperal peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weaknes:" etc., when a definite disease "Dropsy," "Exhaustien," "Heart Chronic interstitial nephritis, etc. inges, peritonaeum, etc., Nomenclature of the American Medical Association.) Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Whooping cough; .. (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; Carcinoma, Sarcoma, etc., of (Recommendations on statefailure." "Haemor-Always qualify all The contributory terminal (second-(disease (nierely

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cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. tired 5 yrs.). business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, House laborer, Farm laborer, Laborer-(a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or Al Home, and children, not gainfully em-For persons who have no occupation -Coal mine, etc. Wom-The material

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia")

ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Meastes use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menhead of quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental divorcing; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUIGIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puerpenal sopticuomia." "Puerpenal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanitlon." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid ment of cause of death approved by Committee vulsions," Nomenclature of the American Medical Association.) FOR VIOLENT DEATHS STATE MEANS OF INJURY "contributory." "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Meastes; (second-(disease (merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

8 1922

0,0 WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE

BINDING

RESERVED

V. S. No. 1.

PLACE OF DEATH County Allegary 11615	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Old town (No,	Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWEO OR DIVORCEO (Write the word) 6 DATE OF BIRTH Nov. 8 1922 (Month) (Day) (Year)	16 DATE OF DEATH Nov. 21, 199 (Month) (Duy) (Yea 17 I HEREBY CERTIFY, That I attended deceased from Nov. 18, 19122, to Nov. 21, 1912 that I last saw ham alive on Nov. 18, 1912
7 AGE If LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at 6.32. The CAUSE OF DEATH * was as follows: Broncho-Procurrousia.
(b) General nature of Industry business, or establishment in which employed (pr employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 1: 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	(Signed) (Durstign) yrs. mos. 2 (Signed) (Durstign) yrs. mos.
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violente Causins, state (1) Means of Injury; and (2) whether Accidental, Suicinal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIER OR RECENT RESIDENTS) Al place in the of death yrs. mesds. State,yrs. mes Where was dissess contracted, if not at place of death? Former or usus! residence
(Address) Ged town Is d Flied Nov 21/22, 191 C. a. Shawholt REGISTRATE	19 PLACE OF BURIAL OR REMOVAL Pine Will Church Nov. 22, 192. 20 UNDERTAKER U.M. Bruton Thudout Oldtonn) 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Approved by U. S. Census and American Public Health Association.]

write Nonc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. engaged in domestic service for wages, as Servant. Cook. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer of the second statement. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used mobile factory. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful--('oal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," (b) Auto-

spinal meningitis"); Diphtheria (avoid use of "Croup"); term unqualified, is indefinite); Tuberculosis of lungs, menin-Typhoid fever (never report "Typhoid pneumonia"); fever (the only definite synonym is "Epidemic cerebrotime and eausation), causing death (the primary affection with respect to Statement of Cause of Death-Name, first, the DISEASE for the same disease. Examples: pneumonia, Bronchopneumonia using always the same accepted ("Pneumonia, Cerebrospinal

> on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations SUICIDAL, or HOMICIDAL, or as probably, such, if impossible to determine definitely. Examples: Accidental drowning; Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, letanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," ete. birth or misearriage as "Puerreral septicharmia," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness." "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coina," "Convulsions," "Debility" ("Conlapse," "Telling") symptoms or terminal conditions, such as "Asthenia nephritis, etc. The contributory (secondary or intercurcause. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of.... Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull "Dropsy," State cause for which "Exhaustion," wound of

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-

the certificate is permanently filed.



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PLACE OF DEATH	STATE OF MARYLAND
County allegany 1161	(90) CERTIFICATE OF DEATH
County County	
The same of the sa	Registration Dist, No.
Village or City Constant (No. All	tion, give its NAME in-
2 FULL NAME Sesston Span	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 1 COLOR OR BACE 5 SINGLE,	16 DATE OF DEATH
Male Santa Willowed OR DIFFORMED WILLIAM YANDS CO	(Month) (Day) , 15 2 (Year)
6 DATE OF BIRTH	11: I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day), (Year)	that I last saw h MM. alive on Mr. 17 7 , 1922.
7 AGE	and that death occurred on the date stated above, at 650 m.
If LESS the	The CAUSE OF DEATH &
ds.ormosds.or min.	
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos. de.
9 BIRTHPLACE	Contributory / 49 Pulvopte
(State or country)	Carlie C
10 NAME OF FATHER 2 & D	(Signed) (Duration) yrs. mos. de.
11 BIRTHPLACE OF FATHER	- Nov. 18 192V. (Address) 4.1 Succe AX
OF FATHER (State or country) 9nd	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients, or Recent Residents)
OF MOTHER (State or country) And	At place of death yrs mos da. State, yrs mos da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted. Cumberland ha
(Informant) y as Je alis	Former or usual residence. 226 Elder St. 11 11
(Address) Burnhalon	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 M. 10 Ha. (1/1)	three Churches W. Va. Et 1. 2002.
Filed 11 1922 Nawey Huess	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registra	16 W. Saratoga St., Balto., Requesting V. S. No. 1
	The state of the s

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(Approved by U. S. Pensus and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the disease causing death, ployed, as At school or At home. Care should be taken er," etc., without more precise specification as Day whatever, write None. tired 6 grs.). business, that fact may be indicated thus: Farmer (re-Housemaid, etc. gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enwork, or definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a on at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or term on At Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed As examples: (a) The ques-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." quences Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and cousetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely. and qualify as accidental, streidal, or homicidal, or diseases resulting from childbirth or miscarriage as can be ascertained :: the cause. symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal Poisoned by carbol'c a id-probably suicide. The na-State cause for which "Puerperal septicaem's." Putriperal peritonitis." "Uraemia," "Weaknes ." etc., when a definite disease rhage," "luanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exh....stien." "Heart failure." vulsions." "Debility" eausing stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mensics; inges, peritonarum, etc., Carcinoma, Sarcoma, etc., ot unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Chronic interstitiat nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid Whooping FOR VIOLICAT DUATHS STATE MEANS OF INJURY (e. g., sepsia tetanus) may be stated under the death). 29 ds.: Bronchopneumonia cough: Chronic valvular heart discuse; ("('ongenital," "Senile," etc.), surgical operation was under-(Recommendations on state-Struck by railway Always qualify all "Coma," "Haemor-(second-

If this certificate is lo ked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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	1 PLACE OF DEATH	STATE OF MARYLAND
Cour	y teleganes 11617	© CERTIFICATE OF DEATH
SULO	ORPORATE DIS OF O - C	Registration Dist. No.
VHlac	se or City Jumba (No. 8)	Mechanic St. 3 Ward) [It death occurred in
	Stinge	a liespital or institution, give its NAME instead
	² FULL NAME TULE TOM	ampbell of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
UN SEI	Lenour Which Single MARRIED, MIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Menth) (Day) (Year)
6 DA	TE OF BIRTH	17 HEREBY CERTIFY, That attended deceased from 24 1922 to 24 1922
	Nov 24 ,1912	Otellown human
TAG		and that death occurred on the date stated above, at 2.0 m.
	Stellberry 1 day, Ars. OR min.?	The CAUSE OF DEATH * was as follows:
8 00	CUPATION	PATE
80 (3)) Trade, profession, er ticutar ided of work	premaure with
(b) General nature of industry business, ar establishment in		(32 month) (Buration) 0 yrs 0 mas 0 da
	ch employed (er employer)	Centributery
	RTHPLACE (Biato or country) Cumbulan and	Secondary
	10 NAME OF Charles Campabel	(Signed) Strace N. O.
RENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Drath, or, in deaths from Violent
PARE	12 MAIDEN NAME Mand Telison	CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or oountry) Penna	OR RECENT RESIDENTS) in the At place in the of death
14 TH	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disage contracted, if not at place of death?
	(Inferment) Mrs Man J Campbell	Former or sense residence
	(Address) Cumbuland	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	W	Cremated Nor 24, 1022
File	110v.24, 19122 Harrey 14 Weiss	20 UNDERTAKER ADDRESS Comb. md
	76 more blanks are mendal, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For perrous who have no occupation whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemail, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully of the second statement Never return "Laborer," "Foreman," "Manager," "Dealer." etc., without more mill, (a) Salesman, (b) Groccry; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Furm laborer, Laborer mobile factory. is provided for the latter statement; it should be used business or industry, and know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. especially in industrial employments, it is necessary to Statement of Occupation-Precise statement of occupamany occupations a single word or term on the Compositor, Architect, Locomotive engineer, very important, so that the relative healthful-The material worked on may form part therefore an additional line But in many cases, The question (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified. is indefinite); Tuberculosis of lungs, menin-

DEC

9

under the head of "Contributory." suicide. The nature of the injury, as fracture of skull state MEANS OF INJURY and qualify as ACCIDENTAL, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. eough; Chronic valvular heart disease; Chronic interstitial "Tumor" for mulignant neoplasms) Measles; Whooping cause. rent) affection need not be stated unless important. or miscarriage as "Puerperal septicharmia." by Always qualify all diseases resulting from childrailway train-accident; The contributory (secondary or intercurby "Dropsy," "Exhaustion, carbolic acid-probably State cause for which Never report mere (Recommendations Revolver mound.

tions answered in detail, it will prevent further correspondence it is be data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

RESERVED

MAR

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11	1 PLACE OF DEATH	STATE OF MARYLAND
Carret	Allegnini (00	CERTIFICATE OF DEATH
Count	0 11 6 11618	74-a Registration Dist. No. / 0
Village	e or City Hount Staveland	St.; Ward) [If death occurred to a hospital or institution, give its NAME instead of street and number.]
	2 FULL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. E.	Married, Widowed or Divorced (Write the word)	(Month) (Day) (Year)
6 DAT	E OF BIRTH ALLE 274 1867	17 I HEREBY CERTIFY, That I attended deceased from 15 th 192, to MOV / 1923,
7 ACE	(Month) (Day) (Year)	and that death occurred on the date stated above, at I m.
ACE	41 100 11 9 A 1 day, hrs.	The CAUSE OF DEATH * was as follows:
(3)	CUPATION Trade, profession, or Icular kind of work	Ceretral Henrorhage
(b) bush whice	General nature of industry ness, or establishment in the employed (or employer)	(Buration) yre mos. 2 ds.
9 811	State or country Hount Davage 1	Contributory C Madame V Mal Shall C Mal Shall C Mal Shall C Mal Shall C Madame V Mal Shall C M
(2)	10 NAME OF Huitin Clurke	(Signed) Hy Bostitus
RENTS	of FATHER (State or country) Sulvey 40	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIPAL or HOMICIOAL.
PAR	of Mother Carl Arm Witcan	18 LENCTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country) Smith Mills fury h	OR RECENT RESIDENTS) At place of deethyremesds, Stats,yremesds Where wee disease contracted,
	Informant) 10 any E. Clarke	if not at place of death?
	(Address) Hourt Ourage mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 192
15 File	ohor 20, 1922 H & Bosletter Mr.	Life Durch Holburgler
	If more blanks are oeeded, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association,]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business or industry, and therefore an additional line The material worked on may form part "Foreman," "Manager," "Dealer." etc., without more wife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired of various pursuits can be known. The question For many oceupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the is provided for the latter statement; it should be used As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Auto-Never return "Laborer," precise specification as Day laborer, Form laborer, Loborar who receive a definite salary), may be entered as Houseengaged in domestic service for wages, as Servant, Cook, For persons who have no occupation whatever, tion is very important, so that the relative healthfulapplies to each and every person, irrespective of age. engineer, Stationary fireman, etc. But in many cases, Statement of Occupation-Precise statement of occupaof the second statement. only when needed. mobile factory.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia"); unqualified, is indefinite); Tuberculosis of lungs, menin-

head-homicide; Poisoned by curbolic acid-probably under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee chopneumonia (secondary), 10 ds. Never report mere "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child-State cause for which surgical operation was undertaken. For violent DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, telemus) may be stated on Nomenclature of the American Medical Association.) symptoms or terminal conditions, such as "Asthenia," "Exhaustion," "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial The contributory (secondary or intercur-Example: Measles (disease eausing death), 29 ds.; Bron-(name-origin; "Cancer" is less definite; avoid use of rent) affection need not be stated unless important. birth or miscurriage as "Purnerral septichaemia, Struck by railway train-accident; Revolver wound "Anaenia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility") ges, peritonaeum, etc., Carcinoma, Sascoma, etc., of. genital," "Senilc," etc.), "Dropsy," "PUBRPERAL perilogitis," etc. nephritis, etc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1.

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	de of						
by I	PLACE	OF DEATH		44046		STATE OF MA	
Coun	rty al	leg an	1	11619	(8)	CERTIFICATE	OF DEATH
no	10-0		1		(2)	Registration D	Dist. No.
Villa	ge or City	ulm rul	io Born	hey	bude	St.; Ward)	[If death occurred to a hospital or institution, give its NAME instead of street and number.]
	² FU	LL NAME		COVIC			
	PERSO	NAL AND STAT	ISTICAL PARTIC	JLARS	MEI	DICAL CERTIFICATE	OF DEATH
3 SE	x'	4 COLOR OR RAC	E SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	ingle	16 DATE OF DEAT	H (Month)	(Day) , 1972 (Year)
6 04	TE OF BIRT	TH.	(Write the word)		Nov.16	Y CERTIFY, That I a	ttended deceased from
	TE OF BIR	" w	m 16	,922	110010	tielborn	, 1912- 7
		(I)	Month) (Day)		that I last saw	on	1100,16), 1912,
7 AG		We	mosds.	if LESS than 1 day, hrs. OR min.?		occurred on the date s DEATH * was as follo	
O (b) General nafu siness, or est	re of industry			ph	y km & (Buration)	lul4
	(State or cou	lead 0	my RD V	nd	Contributory Secondary	- Amalian	
S	10 NAME FATHE	R Ju	Henry Ce	when	(Signed)	(Suration).	Duen , M. e.
FNH		or country)	luvis		*State the I	DISEASE CAUSING DEATH, O I) MEANS OF INJURY; and HICIDAL.	or, in deaths from VIOLENT (2) whether ACCIDENTAL.
PAR		OTHER Fulu	Leonal	haum		IDENCE (FOR HOSPITALS	, INSTITUTIONS, TRANSIENTS,
	13 BIRTHS OF MO (State	THER or country)	new 1	wh	At placa of deathyrs Where was disease cent	mes. ds. Sta	e te,yrsmesds.
14 🏋	HE ABOVE	S TRUE TO THE E	SEST OF MY KNOW	EDGE	If not al place of death	1?	
	(Informant)	14	confu	p o Hanninka 222 222 222 222 224 244 244 244 244 24	Former er usual residence	***************************************	**************************************
	(Address	maple	nde U	nd	19 PLACE OF BUR	IAL OR REMOVAL	DATE OF BURIAL
15 FII	ed Nov	17,1922.	Harvey;	Hillerias	20 UNDERTAKER	10	ADDRESS
		-	- 1	REGISTRAR	J WWa	lyonale	meny
11		If more blan	ks are needed, address	State Registrar.	W. Saratoga St., B:	alto., Requesting V. S. No.	

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the disease causing death, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part "Foreman," "Manager," "Dealer," of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to is provided for the latter statement; it should be used business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physiengineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully Compositor, Architect, For persons who have no occupation whatever, Stationary fireman, etc. But in many eases, Women at home, who are engaged in Never return Locomotive engineer, etc., without more If retired from "Laborer,"

Statement of Cause of Beath—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Framples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitia"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumonia. Bronchopneumonia ("Fneumonia," nenin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated genital," head-homicide; Poisoned by carbolic acid-Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness, "PUERPERAL peritonitis," etc. State cause for which birth or cause. etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, niscarriage as "Puerperal septichaemia," "Senile," ctc.), The contributory (secondary or intercuris less definite; avoid use of "Dropsy," Never report mere "Exhaustion," wound of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Regresting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered a Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womcr," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or Physician, Compositor, Architect, Locomolive engineer, (a) Foreman, (b) Automobile factory. sary to know (a) the kind of work and also (b) the cases, especially in inclustrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation industry, and therefore an As examples: (a) The material

Statement of Cause of Death—Name, first, the present to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,").

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or Poisoned by carbolic acid-probably suicide. The na-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weaknes." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," taken. For VIOLENT DEATHS State MEANS OF INJURY "Puerperal seplicaemia," "Puerperal peritonitis," can be ascertained as the cause. Always qualify all "Dropsy," "Exhaustion," "Heart failure." symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. stated unless important. Example: Measles (dlsease vulsions." causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory Whooping use of "Tunuor" for malignant neoplasms); Meastes; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be (c. g., scpsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," ctc.), cough; Never report mere symptoms or terminal Chronic valvular heart disease; (Recommendations on state-"Coma," "Con-"Haemor-(second-(merely

Trible certificate is looked over thoroughly and all quesons answered in de all, it will prevent further correspondive. All the data is essential and must be obtained before the certificate is permanently filed.

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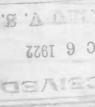
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additional line is provided for the latter statement; it definite salary), may be entered a. Housewife, House household only (not paid Housekeepers-who-receive a er," etc., without more precise specification as nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken on at home, who are engaged in the duties of the laborer, Farm laborer. Never return "Laborer," "Foreman." "Manager," "Dealworked on may form par; of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. Civil engineer. Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Furmer or Planter, fulness of various parauits can be known. The ques whatever, write None. or given up on account of the disease causing DEATH. Housemaid, etc. Statement of Occupation -- Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or it Br8.). Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed Luborer-Ceal mine, etc. Wom-As examples: (a)

Statement of Cause of Death—Name, first, the preparation of Cause of Death—Name, first, the preparation of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal freer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pueumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

unqualified, is indefinite); Tuberculosis of lungs, menquences (e.g., scpsis, tetanus) may be stated under the vulsions." symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid ment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and conse Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolves wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent duaris state means of injury State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis." diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weaknes." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart ary), 10 ds. Never report mere symptoms or (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Nomenciature of the American Medical Association.) Whooping "Debility" ("Congenital," "Senile," etc.), cough; Chronic valvular heart disease; (R commendations on state-Example: Meastes failure." Always qualify all "Соша," "Haemor-Mousics; terminal (merely (second-(disease etc.



PLACE OF DEATH	STATE OF MARYLAND
11622	CERTIFICATE OF DEATH
County Clarence 110	Registration Dist. No.
HIJCOHPOHATE LIVES OF 1 1 1	Al D. X a U
Village or City Assaul Background (No Collet, Cal	St.; Ward) (If death occurred in a hospital or institu-
pl la de n	tion, give its NAME in- stead of street and
2 FULL NAME CONTRACTOR	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE	16 DATE OF DEATH
MARRIED, WIDOWED	(Month) (Day) (Year)
mals Whils OR DIVORCED (Write the word) ?	17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	(CX) 15 19222 to May, 5 1922
File 19 147	Sthat I last saw h. Walive on
(Month) (Day) (Year)	and that death occurred on the date stated above, at 2 300 m.
7 AGE If LESS than	The CAUSE OF DEATH & was as follows:
Idayhrs.	Chen with the
8 OCCUPATION ds. or min. ?	Life to 1't' / a 20
(a) Trade, profession or particular kind of work.	The sold of the so
(b) General nature of industry	a to be de succession
business, or establishment in which employed or (employer)	Cause of astermal (Duration) yrs mos,do.
9 BIRTHPLACE	Contributory Clubs Secondary
(State or country)	Ouration O yrs. 3 mos. 0 de.
10 NAME OF	The state of the s
FATHER TOWNS DESIGNATION	(Signed) M.D.
11 BIRTHPLACE OF FATHER	*State the Disease Causing Death, or, in deaths from
(State of country)	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
▼ OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	lents, or Recent Residents)
OF MOTHER (State or country)	At place of death yrs mos da, State, yrs mos da.
II THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, West Abgunia
Julia Dels Mass	Former or
(Informant)	19 PLACE OF BURIAL OR REMOVAL TO TE OF BURIAL
(Address) 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	A A HWAY OR
15 N . 11 15 0100 =	26 UNDERTAKER ADDRESS
Filed Cov. 4, 1922. Taure Heleis	V CY ALCO ADDRESS
/ Registrar	I valgoro (installant)
If more blanks are needed, address State Registrary	W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housevoife, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Never return "Laborer," "Foreman," "Manager," "Dealen at home, who are engaged in the duties of the worked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of (a) Foreman, (b) Automobile factory. Civil engineer, Stationary firemen, etc. the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc etc., without more precise specification as For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation As examples: (a) The material But Wom-Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, of rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Astheuia," unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid—probably suicide. The natrain—accident;, Revolver wound of head—homicide; taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Puerperal septicuemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weaknes :: etc., when a definite disease "Dropsy," "Exhausticn," "Heart failure," "Haemor vulsions," ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges. perilonaeum, etc., Curcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need Whooping cough; Chronic valvulur heart disease; the injury, as fracture of skull, and conse-"contributory." (e, g., scpsis, tctanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Meastes "Апаетіа" Always qualify all terminal Mensles; (second-(disease not be "Con-

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DEC 8

PLACE OF DEATH	STATE OF MARTLAND
County alleganal	11623 CERTIFICATE OF DEATH
	Registration Dist. No.
Mundaylands allega	na Horfila IV
Village or City No. C	St.; Ward) (If death occurred in a hospital or institu- tlon, give its NAME in- stead of street and
2 FULL NAME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGKE, MARRIED, WIDDSTED OR THE COLOR OF THE	16 DATE OF DEATH (Month) (Day) , 192 (Year) 17 1 HEREBY CERTIFY, That I attended the deceased from
PATE OF BIRTH HEL 27 1878	that I last saw h alive on 1922,
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at 5
If LESS than I dayhrs.	The CAUSE OF DEATH % was as follows:
8 OCCUPATION ds, or min. ?	P. A. J. A. Fulest
(a) Trade, profession or particular kind of work	Fruit Perilonita
(b) General nature of industry	3.
business, or establishment in which employed or (employer)	(Duration)yrs,mosde.
9 BIRTHPLACE (State or country)	Contributory Secondary Swels
10 NAME OF	(C) D (Dyration)yrsmosda.
FATHER Unknown	(Signed) M. D. (Signed) M. D. (Address) Control M.
2 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Bont Know	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or regular A A Kh aw	At place of death yrs. mos. da. State, yrs. mos. da.
H THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Mt. Savage, Ind.
(Informant Catherine Dorse	Former or usual residence MA Savage, mel.
(Address) MX. Savage M	19 PLACE OF BURIAL OR REMOVAL CAT OF BURIAL
Filed Nov. 6, 1922. Harvey News	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrar	10 W. Saratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the pissesse causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospined fever (the only definite synonym is "Epidemic eerebiospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

head of "contributory." quenees Nomenelature of the American Medical Association.) ment of cause of death approved by Committee State ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. train-accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or "Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Ethunstion," "Heart failure." vulsions." symptomatic). "Atrophy," "Collapse," conditions. ary), 10 ds. Never report mere symptoms or terminal eansing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); inges, perilonarum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; cause for which .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railway such as "Asthenia." Chronic valvular heart discase; surgical operation was under-(Recommendations on state-"Anaemia" "Coma." "Haemor Monsles; (disease (second-(merely etc.

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH 122-CTLY Registration Dist. No. EXAC y clas (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and propert of certifi number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 0 SINGLE, MARRIED. Q WIDOWED OR DIVORCED (Dav) (Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH tha instruction that I last saw h My .. alive on .. ! (Day) (Year) 80 7 AGE and that death occurred on the date stated above, at 10. If LESS than The CAUSE OF DEATH & was as follows: I day hrs. 8 OCCUPATION RESERVED (a) Trade, profession of particular kind of work. 0 important. d (b) General nature of industry business, or establishment in(Duration)yrs..... which employed or (employer)..... Contributory Secondary 9 BIRTHPLACE (State or country) Very (Duration) 10 NAME OF FATHER 0 TION 11 BIRTHPLACE ENT US OF FATHER *State the Disease Causing Death, or, in deaths from (State or country) Violent Causes, state (1) Means of Injury; and (2) whether 0 12 MAIDEN NAME ⋖ Accidental, Snicidal or Homicidal. OCCUP 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstai ients, or Recent Residents) 13 BIRTHPLACE OF MOTHER At place of death In the ਰ (State or country) yrs. mos......da. State, yrs. mos. da of Where was disease contracted, if not at place of death?..... KNOWLEDGE statement Former or usual residence. EVERY PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MODRESS Registrar If more blanks are needed. wdress State Registrar. 16 W. Saratoga St., Balto., Requesting/ S. No.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Never return". Laborer, "Foreman," "Manager," "Dealwhatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Furmer (reor given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvent, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer. Farm luborer, Lahorer-Caal mine, etc. Womer," etc., worked on may form par! of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary premen, etc. But in many Physician, Compositor, Archifect, Locomotive engineer. the first line will be sufficient, e. g., Furmer or Planter, tion applies to each and every person, irrespective of fulness of various parsuits can be known. The quescupation is very important, so that the relative health (a) Foreman. (b) Automobile factory. Statement of Occupation Precise statement of oc-For many occupations a single word or term on without more precise specification as Day The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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If this certificate is 15 ked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

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--Every Item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very Important. See Instructions on back of certificate. ECORD PERMANEN BINDING Y FOR UNFADING INK---THIS GIN RESERVED MITH AINLY, WRITE No. 1.

vi.

N. B

PLACE OF DEATH 11625	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City Moslburg (No. 2. FULL NAME Tobert O	St.; Ward) (If death occurred in a hospitul or Institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year) IT A HEREBY CERTIFY, That I attended the deceased from
7 AGE (Month) (Day) (Year (Year) 1 day yes	han hrs. The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration)yrsmos ds. Contributory Secondary
10 NAME OF FATHER 11 BIRTHPLASE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients, or Recent Residents) At place In the of death yrs
(Informant) for hustle of headless) has the standard of the st	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL CATE OF BURIAL The state of Burial or Removal Cate of Burial or Co. 19 2 2 20 UNDERTAKER ADDRESS ADDRESS
If more blanks are needed, address State Regist	rar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the bisease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesworked on may form part of the second statement. nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotice engineer the first line will be sufficient, e. g., Farmer or Planter, (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary fremen, etc. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or or At Home, and children, not gainfully em--Coal mine, etc. Wom-But in many

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronckepheumonia ("Pneumonia,"

ment of cause of death approved by Committee on head of "contributory." and qualify as accidental, suicidal, or Homicidal, or conditions, such as "Asthenia," "Anaemia" quences (e.g., sepsis, totanus) may be stated under the ture of the injury, as fracture of skull, and couseas probably such, if impossible to determine definitely "Puerperal septicuemia." "Puerperal peritonitis," diseases resulting from childbirth or misearriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemor symptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 de. Never report mere symptoms or termina Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway taken. State cause for which surgical operation was undervulsions," causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart discuse; (name origin; "Cancer" is less definite; avoid -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.). (Recommendations on state-(disease (merely (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence.

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BINDING

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing beath. gaged in domestic service for wages, as Scrvant. Cook ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerworked on may form part of the second statement (a) Foreman, (b) Automobile factory. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parenits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or term on -Coal minc, etc. Wom-The material

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepts ed term for the same disease. Examples: Carabrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cropp"); Typhoid fever (never report "Typhoid pneumonia,").

head of "contributory." quences Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or "Puerperal septicaemia,""Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure." symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia Poisoned by carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway taken. For violent dramis state means of injury vulsions," stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Meastes; Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Surcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping -accident; Revolver wound of head-homicide; eause (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.). cough; Chronic valvular heart disease; for which surgical operation was under-(Recommendations on state-"Anaemia" "Coma," "Con-"Haemor-(disease (second-(merely

If this certificate is locked over thoroughly and all questions enswered in detail, it will prevent further correspondence. If the data is essential and must be obtained before the grundicate is permanently filed.

BINDING

FOR

RESERVED

CIN

S. No. 1.

Village or City Orinkeland (No. Alleg	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ward) (If death occurred in a hospital or institu-
2 FULL NAME Helen In. Fis	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale White Single, MARRIED, WIDOWED OR DIVORCED OR D	16 DATE OF DEATH (Mouth) (Mouth) (Year) 17 LHEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	Oct 30,1922, to SNY. 4, 1922
(Month) (Day), 1862	that I last saw har alive on 70.5.3, 192.2.
7 AGE If LESS than	and that death occurred on the date stated above, at
60 yrs. 1 mos. ds or min.?	The CAUSE OF DEATH of was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	(Cause Proj discernible)
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. do.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Ed Inchlermoth	(Signed) (Si
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER MANY Grady	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Ineland	ients, or Recent Residents) At place of death yrs mos da. State, yrs da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, find at place of death?
(Informant) Charles John	Former or usual residence. Oumbeland
(Address) Comberland.	She atrucks Com hor 6,1927
Filed Nov. 5, 1922, Harvey Allers	20 INDERTAKER ADDRESS
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Censns and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, whatever, write None. business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken. work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deals: Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a). additional line is provided for the latter statement; it nature of the business or judustry, and therefore am sary to know, (a), the kind of work and also (b) the (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is necessi Civil engineer, Stationary fremen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebbospinal fever (the only definite synonym is "Epidemic eerebrospinal meninglis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

head of "contributory." Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetritin-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway Poisoned by carbolic acid-probably suicide. as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Huanition." "Marasmus," "Old Age," "Shock," stated unless important. Example: Meastes (disease "Puerreral septicaemia." "Puerreral peritonitis," "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," symptomatic), "Atrophy," "Collapse," aty), 10 ds. Never report mere symptoms or terminal eausing death), 29 de.; Bronchopneumonia vulsions," conditions, such as "Asthenia," use of "Tumor" for malignant neoplasms); Measles; ,,,,..... (mame origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of nuqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) Chronic interstitial naphritis, etc. The contributory Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on stateaffection need not be "Anaemia" "Coma," "Con-"Haemor-(merely (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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W.

PLACE OF DEATH County allegang - 11628	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City with Mary Mary	Tiefer Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Widowald OR DIVORTED	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h & alive on Oct 29 th, 1922
7 AGE 15 LESS than I dayhrs.	The CAUSE OF DEATH is was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry	Jashrie Carelloud
business, or establishment in which employed or (employer)	Contributory Secondary
10 NAME OF Brige Koegle.	(Signed) (Address) H July St.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN STATE OF MOTULER OF MOTULER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sulcidal or Homicidal.
13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents) At place In the Of death yrs mos da. State, yrs mos da.
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) J. C. Fisher	Former or usual residence
(Address) Carmboland Md	Semme Senshual & Sens 6, 19. 2. 2
Filed Nov. 6, 1922, Harvey HWeis Registrar	20 UNDERTAKER ADDRESS
o If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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whatever, write None, business, that fact may be indicated thus: Farmer (restate occupation at heginning of illness. If retired from or given up on account of the pisease causing Death, Housemaid, etc., If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more precise specification as Day tired 6 yrs,). gaged in domestic service for wages, as Servent, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House, household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wont-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, worked ou may form part of the second statement. (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial cuployments, it is neces-Civil engineer, Stationary fremon, etc. But in many Physician, Compositor, Architech, Eacdmother engineer tion applies to each and every person, irrespective of fulness of various pursuits gan heaknown, The ques cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or term on For persons who have no occupation . 48 to 11

Statement of Catise of Death—Name first, the disease causing driving (the primary diffection with respect to time and causattion), using alwhys the same accepted term for the same disease. Examples: Corcorospinal fever (the only definite synonym is "Epidemic Screbnospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia").

pient of cause of death approved by Committee ou head of "contributory." quences ture of the injury, as fracture of skull, and conse-State cause for which surgical operation was under-"Dropsy," "Exhaustion," "Heart failure," "Haemorconditions, such as "Asthenia," "Anaemia" 'ary), W ds. Never report mere symptoms or terminal causing death); 29 ds.; Bronchopncumonia (secondary for intercurrent) affection need not be Nomenclature of the American Medical Association.) as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or taken. For VIOLENT DEATHS state MICANS OF INJURY diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shoek," vulsions." symptomatic), "Atrophy," "Collapse," stated unless important. Example: Measles Chronic interstittal nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway "Puerperal schticacmia." "Puerperal peritonitis," Whooping cough; inges, paritonarum, etc., Carcinoma, Sarcoma, etc., of (c. g., sepsis, tetanus) may be stated under the "Debility" ("Cougenital," "Senile," etc.), Chronic valvular heart disease; (Recommendations on state-"Coma," (second-(disease (merely

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward) Hisher (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Month) (Day) 152.2 (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
and thet death occurred on the dete steted above, et
The CAUSE OF DEATH & was as follows:
Shillon
(Duretion)yrsmosds
Contributory
(Signed) J (Duration) , yrs, mos. do
Nov. 221922 (Address 228 Da. ale
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
At place of death yrs mos de. State, yrs mos de
Where was disease contracted, if not at place of deeth?
Former or usual residence
Rose Itel Cem Dec 1,02

If more blanks are needed, aggress State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED UNITED ERTIFICATE STATES OF DEATH STANDARD

B. S. S.

SIND IN

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmar (restate occupation at beginning of illness. If retired from Whatever, write None. or given up on account of the disease causing Death, gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At Lome. Care should be taken definite salary), may be entered as Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton milt; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it worked on may form part of the second statement. (a) Foreman, (b) Automobite should be used only when needed. nature of the business or industry, and sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter fulness of various parguits can be known. The ques cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc applies to each and every person, irrespective of engineer, Stationary firemen, etc. For many occupations a single word or term on yrs.). At Home, and children, not without more precise specification as Day For persons who have no occupation Jactory. Coal mine, etc. Wom-Housewife, House-As examples: (a) gainfully em-The material But in many therefore an

spinal meningitis"); Diphtheria (avoid use of "Croup"); Lobar preumonia, Bronchopneumonia ("Pneumonia," Typhoid fever (never report "Typhoid pneumenia"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect fever (the only definite synonym is "Epidemic ecrebro-Statement of Cause of Death-Name, first, the prs.

> ture of the injury, as fracture of skull, and consement of cause of death approved by Committee on head of "contributory." Poisoned by carbolic acid-probably suicide. Nompuclature of the American Medical Association. quences train-accident; Revolver wound of head-homicide, Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or momicidal, or "Puerperal sepideaemia," "Puerperal peritonitis," diseases resulting from childbirth or misearriage as rhage," "Inanition." "Marasmus," "Old Age," "Shoek," taken. For violent deaths state means of injury State cause can be ascertained as the cause. Always qualify all "Uracmia," "Weaknes:" ctc., when a definite disease "Dropsy," "Exhaustion," "Heart vulsions," symptomatic), "Atrophy," "Collapse," "Coma," conditions, ary), 10 ds. eausing death); 29 ds.; Bronchopncumonia stated unless important. Example: Meastes use of "Tunnor" for malignant neoplasms); Measles; Chronic interstitial nephritis, etc. inges, peritonacum unqualified, is indefinite) : Tuberculosis of lungs, men-(secondary Whooping (c. g., scpsis, tetanus) may be stated under the . (name origin) "Debility" ("Congenital," "Scnilc," etc.) such as "Asthenia," "Anaemia" or carigh; "Chronic valvulur heart discuse; for which surgical operation was under-Never report mere symptoms or intercurrent) affection need (R commendations on statefailure," "Haemor-The contributory The naterminal (disease (merely (secondnot be

If this certificate is looked over thoroughly and all quescertificate is permanently filed. answered in detail, it will prevent further correspond-All the data is essential and must be obtained before

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECO BINDING FOR RESERVED MARG V. 6. No. 1.

Village or City Rawlings (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St; Ward) St; Ward) [If death accurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED OR DIVORSED (Bride the world)	(Month) (Day) (Yest
FAGE May 6 1840 7 1840 7 1840	that I last saw her alive on Mars. 6 ,1922 that I last saw her alive on Mars. 6 ,1922, and that death occurred on the date stated above, at A.m. The CAUSE OF DEATH * was as follows:
Coccupation (a) Trade, profession, or particular kind of work (b) General nature of industry busicess, or establishment in which employed (or employer) BIRTHPLACE (State or country) West Orrgina	Contributory Old Age Secondary One of the original age Contributory Old Age Contribut
10 NAME OF FATHER Sacus Laubert 11 BIRTHPLACE OF FATHER (State or country) Hest brogenia 12 Maiden NAME 12 Maiden NAME	(Signed) , 191. (Address) A ANGLOGY M. *State the DISFASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental. Suicinal or Homicidal.
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informani) 15 Haures	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place let the of death yrs. mos. ds. State, yrs. mos. da Where was disease contracted, if not at place of death? Former or equal residence
(Address) Racoling Md 15 Filed Nov. 6 - 1942 GDR REGISTRAR If more blanks are needed, address State Registrar.	19 PLACE OF BURIAL OR REMOVAL Date OF BURIAL Por G. 1912 2. 20 UNDERTAKER Claracia Classellys Karolenes.

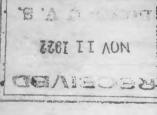
[Approved by U. S. Census and American Public Health Association.]

only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry: (a) Foreman, (b) Autowrite None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the secund statement. mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind uf work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every persun, irrespective it age tion is very important, su that the relative healthful-Coal mine, etc, Statement of Occupation-Precise statement of occupamany occupations a single word or term un the various pursuits can be known. For persons who have no occupation whatever The material worked on may form part Women at hume, who are engaged in At home. Care should be Never return, "Laborer, Locomotive But in many cases, engineer, The questium

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia of lungs, meninatunqualified, is indefinite); Tuberculosis of lungs, meninature in the present the disease.

lapse," rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease eausing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which and consequences (e. g., sepsis, telanus) may be stated to determine definitely. Examples: Accidental drowning: on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic or miscarriage as "Puenperal septichaemia," by railway train-accident; Revolver wound of "Coma," The nature of the injury, as fracture of skull The contributory (secondary or intercur-"Atrophy," acid-probably ("Con-

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PLACE OF DEATH PHYSICIANS STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hespitel or institution. give its NAME lestead EXACTLY. of street and number. I classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX SINGLE 18 DATE OF DEATH stated 20 PERMANENT WIDOWED OF DIVORCED (Day) attended deceas (Year) (Month) (Day) OF TAGE If LESS than may ш 1 day,... hrs. O OR min. ? 20 Pe tha (a) Trade, prefession, or ppl particular kind of work. 30 besiness, er establishment in which employed (or employer BIRTHPLACE Contributory (State or countr ... Pe C FATHER pino 11 BIRTHPLACE 1912- (Address) RENT OF FATHER (State or country) đ *State the DISEASE CAUSING DRATH, or, in deaths from VIOLENT ш Causes, state (1) Means of Injuny; and (2) whether Accidental. ۵ 12 MAIDEN NAME SUICIDAL OF HOMICIDAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 EW 13 BIRTHPLACE W At place in the OF MOTHER 60 \supset (State or country State,yrs.yrs. mes. ds. 4 Z Where was disease contracted. Ü should state C If not of place of death? Former or neval residence 18 PLACE OF BURIAL OR DATE OF BURIAL 20 UNDERTAKER 09 REGISTRAR If more blanks are wooded, Address State Registrar 16 W. Saratoga St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health
Association.]

but ness, that fact may be indicated thus: Farmer (retired fryrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home Care should be v' receive a definite salary), may be entered as House precise specification as Day Inborer Form toberer, Laborer of the second statement "I'reman." "Manager." " mobile factory. The material warfact on may form part only when needed. As examples: business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to ness of various pursuits can be known. The question ciun, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. and mine, etc. Women at home, who are engaged in a duties of the household only (not paid Households) Statement of Occupation-Precise statement of occupamany occupations a single word or term on the Housework, or At Home, and children, not gainfully (a) Salesman, (b) ' rocery, a) Foreman, very important, so that the relative healthful-Stationary fireman, etc. Won er at home, who are engaged in ·· I enter Nover return "Laborer," (a) Spinner, (b) Cotton But in If retired from modition many cases, (b) Auto-

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under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated st to MEANS OF INJURY and qualify as mus," suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning. STICIDAL, OF HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. "PUERPERAL perionils, genital," "Scnile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hecmorrhage," "Inantion," "Marasmus," "Old Age," "Shock," "Ursemia," "Weakness." symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. nephratis, etc. ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... birth or muscarriage cause. Always qualify all diseases resulting from childetc., when a definite discuse can be ascertained as the "Anaemia" Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic "Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of statement of cause of ite th approved by Committee Non encluture of the Amelican Medical Association.) ," "Coma," by railway train-(merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurvalvular heart disease; Chronic interstition as "PUERPERAL seplichamia." etc. -accident; Revolver wound State cause for FOR VIOLENT DEATHS Never report mere "Atrophy," (Recommendations ACCIDENTAL,

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DEC

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"Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD IS A PERMANEN BINDING LAINLY, WITH UNFADING INK .-- THIS RESERVED FOR Z WRITE N. B.

. V. S. No. 1.

4 1

M St

PLACE OF DEATH	STATE OF MARYLAND
County Melgan	CERTIFICATE OF DEATH
VIII. C. Promisedado 554	Registration Dist. No.
Village or City Communication No. 334, April 2 FULL NAME Role & Fredure	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOVED OR DIRECTOR OR WILL WILL WILL WILL WILL WILL WILL WIL	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day), (Year)	that I last saw hl Valive on 700 , 192 7
7 AGE If LESS than	and that death occurred on the date stated above, at 3. A.m.
67 yrs. 6 mos. 20ds. or min.?	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Minus Mys Cararis
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country) Sad.	Contributory Manufacture May Nephrokes, Secondary
10 NAME OF FATHER Strick Inablanded	(Signed) (Duration) wre mos de, M. D.
11 BERTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
of MOTION Fortherides	Accidental, Suicidal or Homicidal, 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	ients, or Recent Residents) At place of death yrs mos da. State, yrs mos da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) for frederich	Former or usual residence
(Address) Completed	19 PLACE OF BURIAL OR REMOVAL SATE OF BURIAL
Filed Nov. 13, 1922 Harvey Husister	20 UNDERTAKER ADDRESS
9 If more blanks are needed, address State Registrar.	roms flow translations

(Approved by U. S. (Tensus and American Public Health Association.)

additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from or given up on account of the DISMASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the taborer, Farm taborer, Laborer-Coal mine, etc. Woner," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (re-(a) Foreman. (b) Automobile factory. The material Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc-Fer many occupations a single word or term on For persons who have no occupation The ques-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

use of "Tumor" for malignant neoplasms); Heastes; inges, peritonarum, etc., Carcinoma, Sarcoma, etc., of symptomatic), "Atrophy." "Collapse," "Coma," "Conconditions, such a "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal eausing death), 29 dr.: Bronchopneumonia stated unless important. Chronic interestitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menhead of "contributory." (R-commendations on statequences (c. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse train-accident: Reveiver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under "Puerperal septica em 'a." "Puerperal peritonitis," etc. diseases resulting from childbirth or misearriage as can be ascertained at the cause. Always qualify all "Uraemia," "Wealines." etc., when a definite disease rhage," "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemor-Whooping cough; Chronic valvular heart discase; Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on Poisoned by carbol'e acid-probably suicide. The navulsions." (secondary or intercurrent) affection need not be FOR VIOLENT DUATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.); Example: Measles (disease (second-(merely

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	County allegary 11633	STATE OF MARYLAND CERTIFICATE OF DEATH
	1 1 1 1	Registration Dist. No.
	2 FULL NAME Joseph Sieber	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Inale White Single, MARRIED, WIDOWED OR DIVORDED OR DATE OF BIRTH July 29 1922	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended the deceased from (192, 2, to 192, 3, 192, 3, 192, 7, 192,
	7 AGE (Month) (Day) (Year) If LESS than 1 dayhrs.	and that death occurred on the date stated above, at 2 46 Pm. The CAUSE OF DEATH & was as follows:
	8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Phone Her Collis
	which employed or (employer) 9 BIRTHPLACE (State or country) 1. 9a	Contributory
	11 BIRTHPLACE OF FATHER OF	(Signed) — (Duration) — yes — mos — da — (Signed) — M. D. — M. D. — M. D. — M. D. — State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Interver, in deaths from — (Signed) — (
	12 MAIDEN NAME OF MOTHER Lyofth Scharf 13 BIRTHPLACE OF MOTHER	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents, or Recent Residents) At place In the State,yrsmosda.
	14 THE AROVE IS TRUE TO THE PAGE OF	Where was disease contracted, if not at place of death?
1	The Same by	Former or usual residence
ï	(Address) Combaland	PALE OF BURIAL OR REMOVAL DESTE OF BURIAL PAR HILL CENT SANT 10, 19 72
-	Registrar Of more blanks are needed, address State Registrar, 1	& W. Saratora St., Balto, Requesting V S No. 1

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PHYSI-PLACE OF DEATH EXACTLY, F Registration Dist. No. certificate properly ² FULL NAME bo stated PERSONAL AND STATISTICAL PARTICULARS PERMANEN of 3 SEX 4 COLOR OR RACE | 5 SINGLE, back o MARRIED, WIDOWED should may OR DIVORCED BINDING 6 DATE OF BIRTH that structions (Month) 0 7 AGE FOR If LESS than supplie day hrs.yrs,......mos,....ds. or.... min. ? See 8 OCCUPATION (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in which employed or (employer)..... 9 BIRTHPLACE (State or country) 1 very u should 10 NAME OF FATHER (Signed) 0 山太 RENTS II BIRTHPLACE OAUSE OF FATHER (State or country) 12 MAIDEN NAM Accidental, Suicidal or Homicidal. 4 OF MOTHER 1 state ients, or Recent Residents) 13 BIRTHPLACE OF MOTHER 00 (State or country) of death yrs. mos. da. shoule of Where was disease contracted, if not at place of deeth?..... 14 THE ABOVE IS TO THE BEST OF MY KNOWLEDGE statement Former or 5 usual residence. EVETY 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER

STATE OF MARYLAND CERTIFICATE OF DEATH

(If death occurred in hospital or institution, give its NAME in-stead of street and number.)

		THE TOTAL !	OF DEATH	
6 DATE OF	DEATH	(Month)	9	
		(Month)	(Day)	Year)
7 I HE	REBY CERT	IFY. That I att	anded the	lance and form
nos	7	192 Z to 2	lov	7 192
hat I last sa	w h air. ali	192 2, to Vo	V. 9	192 7
		the date stated		
he CAUSE O	F DEATH &	was as follows:		
P	***************************************			

		(Duration) yrs	mos>
-			
Co	ntributory Secondary		

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens-

In the State, yrs. mos. de.

DATE OF BURIAL

ADDRESS

Olf more blanks are needed. address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

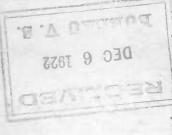
(Approved by U. S. Census and American Public Health Association.)

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ment of cause of death approved by Committee on head of "contributory." Nomenclature of the American Medical Association.) quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by earbolie acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or momicidal, or "Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" State cause "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," ary), 10 ds. stated unless important. causing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-Whooping -accident; Revolver wound of head-homicide; For "Debility" ("Congenital," "Senile," etc.), cough; Chronic valvular heart discase; VIOLENT DEATHS state MKANS OF INJURY for which surgical operation was under-Never report mere symptoms or terminal (Recommendations on state-Carcinoma, Sarcoma, etc., of Example: Measles (merely (second-(disease

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence.

All the data is essential and must be obtained before the certificate is permanently filed.

WRITE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD

BINDING

FOR

RESERVED

1 PLACE OF DEATH

County Allegary 11636	CERTIFICATE OF DEATH
THE CORPORATE LAUTS OF A A	Registration Dist. No.
Village or City Lissiberland (No. Alle	Gang Horfsell Ward) [If ovath a hospital of give its NA of street an
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single MARRIER, Bright OR DINGRESS OR DIN	16 OATE OF DEATH (Month) (Day)
	17 I HEREBY CERTIFY, That I attended deces 6 5 31 1922 to Sun 1
7 AGE (Month) (Day) (Ya	irs.
B OCCUPATION (a) Trade, profession, or	The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	[Duration] was
BIRTHPLACE (State or country) Country Lemberland md	Contributory Secondary
10 NAME OF FATHER Brooke M. Spanangle	(Signed) /hamao
State or country) Revertor W. Va.	*State the Disease Causino Death, or, in deaths from Causes, state (1) Means of Injury; and (2) whether Acci Suicidal or Homicidal.
of Mother Laura Hedrick	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TO OR RECENT RESIDENTS) All place In the
14 THE ABOVE IS TRUE TO THE REST OF MY KNOWLEDGE	of death yrs. mes ds. State, yrs. m Where was disease contracted Cerm Berland
(Informan Lucas Hedricks	Former or would residence Porm at allegan Hor
15 (Address) Sample Class of well	Allegang County Now 6
Flied VV G , 1915 REGISTRAL	of che drive

[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (retired engaged in domestic service for wages, as Servant, Cook, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemoid, etc. employed, as At school or At home. Care should be taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Loborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesmon, (b) Grocery; (a) Foremon, (b) Autois provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil know (a) the kind of work and also (b) the nature of the engineer, Stationory fireman, etc. For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulyrs.). For persons who have no occupation whatever, -('ool mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part If the occupation has been changed Women at home, who are engaged in But in many cases, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," nenin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, OF HOMICIDAL. OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weaknese." "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstition ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Arthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver The nature of the injury, as fracture of skull The contributory (secondary or intercur-"Dropsy," Never "Atrophy," "Exhaustion," report mere wound of ("Con-

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the disease causing beath, Whatever, write None. business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been chauged gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully cmdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Ceal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or Industry, and therefore an (a) Foreman, (b) Automobile factory. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on yrs.). For persons who have no occupation The material

Statement of Cause of Death—Name, first, the bis-Ease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

> ment of cause of death approved by Committee head of "contributory." (Recommendations on state-Nomenclature of the American Medical Association.) quences (e. g., scpsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and couse-Examples: Accidental drowning; as probably such, if impossible to determine definitely. and qualify as Accidental, suicidal, or Homicidal, or Poisoned by carbolic acid-probably suicide. The nataken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as can be ascertained as the eause. "Uracmia," "Weakness," etc., when a definite disease rhage," "Inanitlon." "Marasmus," "Old Age," "Shoek," "Dropsy," "Exhausticn," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. vulsions," Chronic interstitial nephritis, etc. The contributory use of "Tumor" for mallguant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., ot unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart discase; (name orlgin; "Cancer" is less definite; avoid -accident; Revolver wound of head-homicide; "Debility" ("Congenital," "Senile," etc.), "Anaemia" Struck by railway Always qualify all "Coma," "Con-(disease (second-(merely

-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT REC WRITE PLAINLY, WITH UNFADING INK-THIS IS V. S. No. 1. 69 Z

BINDING

FOR

RESERVED

MARG

1 PLACE OF DEATH

	TPO CARLINA	CERTIFICATE OF DEATH
Coun	9 10 - 11638	Registration Dist. No.
Villag	ge or City Manage (No. , —) 2 FULL NAME Ellew Herbe	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE MARRIED. WIOOWED OR DIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year)
6 DA	TE OF BIRTH ROLL 1848	that I last saw h Wallve on Nov 1972, 1972,
7 AG	If LESS that	and that death occurred on the date stated above, at 6: 1 m. The CAUSE OF DEATH * was as follows:
par bus wh	CCUPATION) Trade, profession, or House wife iticular kind of work) General nature of Industry sinces, or establishment in ich employed (or employer) IRTHPLACE (State or country)	Contributory Munch & Contributory Munch & Contributory Munch & Contributory & Con
PARENTS	10 NAME OF THER MULTIPLE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OT MOTHER OF MOTHER OT MOTHER OF MOTHER OT MOTHER OF MOTHER OT MOT	(Signed) 1922 (Address) State the Dispace Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of desh
14 T	(Informant) From the BEST OF MY KNOWLEDGE	if not et place of desth? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Fil	AFOCUL REGISTRAR	MY LOVOG & 1/8 1022 20 UNDERTAKER HOFE FLIGHTING Md.
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Batto., Requesting V. S. No. 1

STATE OF MARVIAND

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired of the second statement. Never return "Laborer," "Poreman," "Manager," "Dealer," etc., without more -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekcepers wife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from who receive a definite salary), may be entered as Houseengaged in domestic service for wages, as Servant, Cook, If the occupation has been changed For persons who have no occupation whatever, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton The material worked on may form part precise specification as Day laborer, Farm laborer, Laborer For many occupations a single word or term on the Locomotive engineer, Civil (b) Autofirst line will be sufficient, e. g., Farmer or Plunter, Physiengineer, Stationary fireman, etc. But in many carees, Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. mill; (a) Solesman, (b) Grocery; (a) Foreman, Compositor, Architect, Housemaid, etc. mobile factory. write None. cian,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Crebrospinal fever (the only definite synonym is "Epidemic erebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia"); unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible head-homicide; Poisoned by carbolic acid-probably and consequences (e. g., sepsis, telonus) may be stated under the head of "Contributory." (Recommendations Nomenclature of the American Medical Association.) etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscurriage as "PUERPERAL septichnemia," "PUBRPERAL perilonilis," etc. State cause for which surgical operation was undertaken. For violent Deates state MEANS OF INJURY and qualify as ACCIDENTAL, to determine definitely. Examples: Accidental drowning; suicide. The nature of the injury, as fracture of skull, "Anaemia" (merely symptomatic), "Atrophy," "Coilapse," "Coma," "Comulsions," "Debility" ("Conmus," "Old Age," "Shoek," "Uraemia," "Weakness," gymptoms or terminal conditions, such as "Asthenia," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasges, peritondente, etc., Carcinoma, Sarcoma, etc., of. "Tumor" for malignant neoplasms); Measles, Whooping cough; Chronic valvulor heart discose; Chronic interstitial The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Broachopneumonia (secondary), 10 ds. Never report mere Struck by railway train-accident; Revolver wound "Dropsy," "Senile," ete.), nephritis, etc. genital,"

N. B.--Every itom of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD IS A PERMANEN RESERVED FOR BINDING AINLY, WITH UNFADING INK--THIS WRITE V. S. No. 1.

PLACE OF DEATH County Allegung 11639	STATE OF MARYLAND CERTIFICATE OF DEATH
ACCREDRATE LIMITORY	Registration Dist. No.
Village or City Construction (No. 312, 2) 2 FULL NAME Mary & Huss	Serting (If death occurred in a hospital or institution, give its NAME; instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORGED (Write the period) 6 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended the deceased from Nov. 14th
(Month) (Day) (Year)	that I last as when alive on how 16th 1922,
7 AGE If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows: Non closure of forenamm
8 OCCUPATION (a) Trade, profession or	ovale.
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs. mos. J de.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Address) (Signed) M.D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER OLD ALCASE 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) At place of death yrs mos da. State, yrs mos da. Where was disease contracted, if not at place of death?
(Informant) Is me Humbert som	Former or usual residence
Filed Ov. 18, 1922. Harvey Heleiss	Rose Hill Care of Burial OR REMOVAL Sate OF BURIAL ADDRESS
Registrar Off more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1. 2nd

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the disease causing death Housemaid, etc. If the occupation has been changed en at house, who are entry? in the duties of the worked on may form part of the second statement. Never return "fortoren," "Toreman," "Manager," "Dealadditional line is provided for the latter statement; it whatever, write None. tired 6 yes.). For persons who have no occupation business, that fact may be indicated thus: Farmer (regaged in comestic service for wages, as Servant, Cook to report specifically the occupations of persons ployed, as 11 school or At home. Care should be taken work, or it Home, and children, not gainfully emdefinite ordary a may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc.. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kin! of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applie to each and every person, irrespective of fulness of variou parsnits can be known. The queseupation is very important, so that the relative health-(a) Foreman. (b) Automobile factory. The material Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more presise specification as Day Stationary framen, etc. As examples: (a) But in many

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Broachopneumonia ("Pneumonia")

> quences (c. g., sepsis, telimus) may be stated under the Nomenclature of the American Medical Association.) ment of cause of death approved by Committee head of "contributory." (If commendations on stateture of the injury, as fracture of skull, and consetrain-accident; Revel or would o Examples: Accidental decorning: Street as probably such, if impossible to determine definitely and qualify as accidental, strictedal, or homicidal, or taken. For violetti i tehs state means of injury State cause for which "Puerreeral soption at a transfer a perston its." etc. diseases resulting the child and can be ascertained a the care. Always qualify all "Uraemia," "Westen rhage," "Inanilites " "T. r.; ams," "Old Age," "Shock," "Dropsy." "Exh. asticn." "Heart failure." "Haemorvulsions." symptomatic), "Atrophy." "Collapse," conditions, such a ary). 10 ds. New a report more efficient inter terminal conditions, such a "A checkle" "Anne dia" (merely causing de the . .. stated nule: use of "Tumer" for malignant neoplasms); Measles; inges, perion ears, et., Carcinoma, Sarcoma, etc., of (mame origin; "Cancer" is less definite; avoid unqualified. is indefinite); Tuberculosis of lungs, men Poisoned by carbol's aside to belly saidle. The na-(secondary or. Chronic in erseited a physics, etc. The containtory Whooping "Debility" ("Congenital," "Senile," etc.), Sufferen) THE R WILL in the tre is affection need Chama valvatar heart discuso; d .; two who areas ita tankal operation was under-.... whom a definite disease E. Suffic. or miscarriage as head-homicide; Men les e lisease "Coma." "h" railicay -phones moi be "Con-

If this certificate is is led over thoroughly and all questions answered in 'e ai', it will prevent further correspondence. All the data 's secutial and must be obtained before the certificate is permanently file?

DEC 6 1923

S. No. 1

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PLACE OF DEATH County Ollegany 1164() Village or City Barloy (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
² FULL NAME	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) , 152 3 (Month) (Day) (Year)
6 DATE OF BIRTH	, 192, to, 192,
(Month) (Day) (Year)	that I last saw h, alive on, 192,
7 AGE If LESS than I dayhrs. yrs	The CAUSE OF DEATH & was as follows: Woodlin Would the 3 od hould
B OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer).	(Duration)
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion)yrsmosds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) M.D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homleidal.
OF MOTHER Desse Parenbake	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs mos da. State, yrs mos da. Where was disease contracted, if not at place of death?
(Informant) w M. oftyde	Former or usual residence.
(Address) Balta	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ,19.
Filed Vol 2 1922 Sa, Bucher Registrar	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, er," Whatever, write Nonc. tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deallaborer, Furm laborer, Laborer-Coal mine, etc.. Womworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation Precise statement of ocetc., without more precise specification as Day For many occupations a single word or term on The material in many

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cercbrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "(Yroup"); *Typhoid fever* (never report "Typhoid puenmonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,")

Nomenclature of the American Medical Association. ment of cause of death approved by Committee on head of "contributory." quences ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, of Homicidal, or Poisoned by carbolic acid—probably suicide. The na-State cause for which surgical operation was under-"Puemperal septicaemia:"Puemperal peritonitis," diseases resulting from childbirth or miscarriage as "Uraemia," "Weekhese," etc., when a definite disease ary), 10 ds. Never report mere symptoms or terminal can be ascertained as the cause. rhage," "Inauition: "Marasınıs," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," couditions, such as "Asthenia," "Anaemia" stated unless important. Example: Measles (disease "Dropsy," "Exhausticn." "Heart failure." "Haemorvulsions." causing death), 29 ds.; Bronchopneumonia imqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory use of "Tunnor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURY (c. g., sepsis, tetanus) may be stated under the "Debllity" ("Congenital," "Senile," etc.), (Recommendations on state-Struck by railway Always qualify all (second-(merely "Con-

If this correspond to all questions answered in detail, it will prevent further correspondence. All the data is assertial and must be obtained before the certificate is permanently filed.

DEC 2 1933

a of		PLACE OF DEATH	STATE OF MARTLAND
EX	1	allegany	CERTIFICATE OF DEATH
ā .	C	ounty according	Registration Dist. No.
4		Antilore	
Z 5 .	Vill	age or City (No.	St; Ward) (If sleath occurred in hospital or institu-
XX		Min Salver	tion, give its NAME in- stend of street and number.)
A STE		² FULL NAME	, , , , , , , , , , , , , , , , , , , ,
ate		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EN st	3 8	EY 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
AN be	11/	MARRIED, Jugh	(Month) (Day) (Year)
S. A.M.	1	wall Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
N H Out	d D	ATE OF BIRTH	11-30 1922, 10 1/2 20 ,102?
TO A D		UN- 30 ,915	that I last saw h malive on 12-1- , 192 ?
ACE the the then	-	(Month) (Day) (Year)	and that death occurred on the date stated above, at . 7
S S	7 A	ii Dood tituli	The CAUSE OF DEATH I was as follows:
THI THIS		I dayhrs.	Burned - died from
d di	8 0	COUPATION	shock - Clothing calight fere
N K	0	a) Trade, profession or articular kind of work	from gas stove curson
Y C Land	10 0	b) General nature of industry	(Duration) yrs. mos. de
S S S S S S S S S S S S S S S S S S S	0 6	usiness, or establishment in hich employed or (employer)	
A D A D	11	IRTHPLACE	Contributory Secondary
TA SA		(State of Cenutry) and	(Duration)yrsmosd
		TATHER SULL TO BE SOLL	(Signed) M.C
H of o	69	auls access	12 (Address) To Lewy Ma
X W	2	of FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
Y, atio	M M	12 MAIDEN NAME Q Q & Q Q	Accidental, Spicial of Homeital.
N Es	PA	OF MOTHER Praget held was	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
All		13 BIRTHPLACE OF MOTHER	At place In the of death yrs. mosda. State, yrs mosdd
BO		(State or country)	With discuss contracted
TE Non		THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	where was disease contracted, if not at place of death?
Item		(Informant) John Jaffson	usual residence
. 1. W Every I CIANS		The Steway Told	19 PLACE OF BURIAL OR REMOVAL BATE OF BURIAL
EVe	15	(Addtess)	nottong delle 2, 19.2.
× i		Filed 1922 hit Kunnya	20 UNDERTAKER ADDRESS
82		Rogingenr	Jacob Ivager Thortburg ha
		1 If more blanks are needed address State Registrar.	10 W. Saratoga St., Balto, Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who recelve a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manuger," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary premen, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write Nonc. Housemaid, etc. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emyr.8.). For persons who have no occupation If the occupation has been changed

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lodar pneumonia, Bronchopneumonia ("Pneumonia,")

use of "Tumor" for malignant neoplasms); Measles; causing death), 29 ds.; Bronchopneumonia stated unless important. ingés. peritonaeum, etc., Carcinoma, Sarcoma, etc., of .,..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menture of the injury, as fracture of skull, and consc as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OR State cause for which surgical operation was under "Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemla," "Weakness:" etc., when a definite disease rhage," "Inauition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart symptomatic), "Atrophy," "Collapse," "Coma." conditions. ary), 10 ds. Never report mere symptoms or terminal (secondary or intercurrent) affection need Chronic interstitial nephritis, cte. The contributory Whooping cough; Chronic valvular ment of cause of death approved by Committee on head of quences Examples: vulsions," Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. The na -accident; Revolver wound of head-homicide, FOR VIOLENT DEATHS "contributory." (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.) such as "Asthenia." "Anaemia" Accidental drowning; Struck by railway (Recommendations on state-Example: Measles State MEANS OF INJURY failure." "Haemorheart (second-(disease not be (merely "Conetc.

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 2 195

1 PLACE OF DEATH	STATE OF MARYLAND
County allegany 11642	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City No.	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
² FULL NAME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Shill Single Sugle Willowed OR DIVORCED	16 DATE OF DEATH (Month) (Day), 192
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
May 1st , 1920	that I last saw have alive on 1922.
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at
2 /6 2 dayhrs.	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or	Drohlhena Courseuch
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mod ds
9 BIRTHPLACE (State or country) Mansland	Contributory Office Contributory Secondary (Duration) , yrs, mos 4 ds
10 NAME OF AMULK Junes &	(Signed) Muly M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
of MOTHER ellis Buird	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrsmosda, State,yrsmosda.
14 THE ABOVE IS TRUE TO THE BUST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) And Chillips or,	Former or usual residence
(Address) Difficulty (1)	19 PLACE OF BURIAL OR REMOVAL CATE OF BURIAL
Filed Nov 5 1922 E. Wonts anglow Megistrar	20 UNDERTARDR / ADDRESS
If more blanks are needed, address State Registrar,	16 W Saratora St. Raito Requesting V S. No. 1
The man die necess authors make hegistiat,	To it. Datatoga bu, Daito, reducenting to by its. It

(Approved by U. S. Census and American Public Health Association.)

fulness of variou: pursuits can be known. The quescupation is very important, so that the relative health en at home, who are engaged in the duties of the Never return "L bo er," "Toreman." "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in inclus rial employments, it is neces-Civil engineer, Stationary fremen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will 'e sufficient, e. g., Farmer or Plantor, tion applied to each and every person, irrespective of state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school or At home. Care should be taken definite salary), may be entered a household only (not paid Howekeepers who receive a laborer, Firm laborer, Laborerer," etc.. worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; whatever, write None. tired 6 yrs.). business that fact may be indicated thus: Farmor (re-Housemaid, etc. gaged in Comestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-(a) Foremen Statement of Occupation-Precise statement of oc For many occupations a single word or term on 07. 11 without mor, presise specification as Day Home, and children, not gainfully em-(b) Automobile factory. The material For persons who have no occupation If the occupation has been changed -Coal mine, etc. Wom-Housewife, House. But in many

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menuse of "Tumor" for malignant neoplasms); Meastes; symptomatic), "Atrophy," "Collapse," "Coma," conditions, ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." "Debility" ("Congenital," "Senile," etc.), (secondary or intercurrent) affection need Whooping cough; Chronic valvular Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The na train-accident; Revolver wound of head-homicide; Examples: Aceidental drowning; Struck as probably such, if impossible to determine definitely "Puerperal septicaemia," "Puerperal peritonitis," of "contributory." For (e. g., sepsis, tetanus) may be stated under the such as "Asthenia," "Anaemia" VIOLENT DIATHS State MEANS OF INJURY (Recommendations on state-Example: Measles ete. The contributory heart: discase; by railway (second-(disease (merely

If this certificate is 10 ked over thoroughly and all questions answered in defail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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it may be g

instruction

plain

PLACE OF DEATH County ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than day hrs.yra......mos......ds.|or.... min. ? * OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)..... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER II BIRTHPLACE ENT OF FATHER (State or country) 2 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) II THE ABOVE IS TRUE OF MY KNOWLEDGE (Informant) (Address 15

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
age! elle	ntead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	91 0
(Mouth)	(Day) , 152 (Year)
17 I HEREBY CERTIFY, That I at	ttended the deceased from
that I last saw halive on	, 198,
and that death occurred on the date state	ed above, at
The CAUSE OF DEATH & was as follows:	
Jas carray	S
)
Contributory Nich King	yrade,
(Duration)	
(Signed)	m.D.
11-2 6. 192 3 (Address) 1. 2.	offrey.
*State the Disease Causing Deat Violent Causes, state (1) Means of In Accidental, Saleldal or Homicidal.	n, or, in deaths from jury; and (2) whether
18 LENGTH OF RESIDENCE (For Hos lents, or Recent Residents)	pitals, Institutions, Trans-
At place In th	te,yrsmosda.
Where was disease contracted, if not at place of death?	ORGONO DO CONTROL CONT
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	, 19
20 UNDERTAKER	ADDRESS

品報人 此時衙門

(Approved by U. S. Censns and American Public Health Association.)

· Discontinues of the set 1, 62

whatever, write None. business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housevoife, House household only (not paid Housekeepers who receive a eu at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement, (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Plunter, tlou applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-W.S.). without more precise specification as Day For persons who have no occupation The ques-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

> causing death), 29 ds.; Bronchopneumunia (secondstated unless important. Chronic interstitial nephritis, etc. The contributory inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menuse of "Tumor" for malignaut neoplasms); conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal (name origin; "Caneer" is less definite; avoid Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolves wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, of taken. For violent deaths state means of injury State cause for which surgical operation was under "Puerperal septienemia." "Puerperal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inauition." "Marasmus," "Old Age," "Shoek," "Dropsy," "Exhaustion." "Heart failure." "Haemorvulsions," symptomatic), "Atrophy," "Collapse," "Coma," (secondary or intercurrent) affection need not be Whosping cough; Chronic valvular heart disease; Poisoned by carholic acid-probably snieide. "Debility" ("Congenital," (Recommendations on state-Example: Measics (disease "Senile," etc.), Meastes; The na-(mercly etc.



PLACE OF DEATH	STATE OF MARYLAND
had all scare ties	CERTIFICATE OF DEATH
County	Registration Dist. No.
Limits Ct 1 1 th 11 Para	1.1.
Village or City Burnaugulan Q (No. 1)	St.; Ward) (If death occurred in a hospital or Institu-
c/L	tlon, give its NAME in- stead of street and
2 FULL NAME TOWN JES	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
WIDOWED	16 U 7 , 192 2
Male Write the word of	17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	Sept 1 1921 10 how. 7 1922
97310 9 1000	that I last saw him alive on how J th 1922
(Month) (Day) (Year)	130
7 AGE	and that death occurred on the date stated above, ntm.
d'as la dayhrs.	The CAUSE OF DEATH & was as follows:
	Bionemedais
8 OCCUPATION (a) Trade, profession or	
particular kind of work. Labor Labor	
(b) General nature of industry business, or establishment in	(Duration) 3 yrs mos ds
which employed or (employer)	Contributory Chronic myocarditis
9 BIRTHPLACE (State or country)	Secondary
Wra-	(Duration)yrsmos da
10 NAME OF KATHER X D X	(Signed) WW Hodge M.D.
1 / Servens	nov. 7 1922 (Address) Cerenberland, hid
11 BIRTHPLASE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
(State or country)	Violent Causes, state (1) Means of injury; and (2) whether Accidental, Suicidal or Homicidal.
2 12 MAIDEN NAME OF MOTHER MONA Straws	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ents, or Recent Residents)
OF MOTHER (State or country)	At place of death yrs mos da. State, yrs mos da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Y. P. As-mi-A	Former or
(Informant)	19 PLACE OF BURIAL OR REMOVAL
(Address) Currentegues	1 - Die
	111. JUSOSVI JOU 9.19.2.
Filed 1922. Varvey rules	20 UNDERTAKER ADDRESS
Registrar	A Wolford Central
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, whatever, write None. to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewije, House household only (not paid Housekeepers who receive a cu at home, laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Spinner. (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter cupation is very important, so that the relative health-Civil engineer, Stationary firemen, etc. But tion applies to each and every person, irrespective of fulness of various parsuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on who are engaged in the duties of the Home, and children, not gainfully em-For persons who have no occupation Coal mine, etc. Wom-As examples: (a) ін шану

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee quences as probably such, if impossible to determine definitely "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia." head of "contributory." train-accident; Revolver wound of head-homicide; Examples: and qualify as Accidental, Suicidal, or Homicidal, State cause for which surgical operation was under-"Puerpenal sopticuomia." "Puerpenal peritonitis," diseases resulting from childbirth or miscarriage can be ascertained . vulsions." ary), 10 ds. Never report mere symptoms or causing death), 29 use of "Tumor" for malignant neoplasms); Poisoned by carbolic acid—probably suicide. stated miless important. inges, peritonacum, etc., Carcinoma, Surcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Chronic interstitial nephritis, etc. Whooping cough; Chronic valvular heart disease, of the injury, as fracture of skull, and conse FOR VIOLENT DEATHS STATE MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid (e. g., sepsis, tetanus) may be stated under the "Debility" Accidental drowning; ds.; Bronchopneumonia th cause. ("Congenital," "Senile," etc.) (Recommendations on state Example: Mcasles "Anaemia" failure." "Hacmor Struck by railway Always qualify all The contributory "Соша," Mousles; terminal (second-(merely (disease not be



V. S. No. 1.

ACE should be stated EXACTLY, PHYSI-	that it may be properly classified, Exact	stions, on back of certificate.
N. B Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	statement of OCCUPATION is very important. See instructions, on back of certificate.

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County allegany	74-0 Registration Dist. No.
Village or City Mane Mana (No.	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH
Henry Color OF RACE & SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day), 192-7 (Month) (Day) (Year)
6 DATE OF BIRTH	
Jul 27 1801	that I last saw halive on, 192,
(Month) (Day) (Year)	and that death occurred on the date stated above, at 6-500, m.
If LESS than I dayhrs.	The CAUSE OF DEATH % was as follows:
yrs	
8 OCCUPATION (a) Trade, profession or Novel	aprilagy
particular kind of work	Codden disty
business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE	ContributorySecondary
(State or country) JEN Janua	(Dugation) yrs. mos. ds.
10 NAME OF FORTHER SALES	(Signed) M.D.
H BIRTHPLACE OF FATHER (State or country) Jenuary	*Stale the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homleidal.
12 MAIDEN NAME Harcelina Blakener	Accidental, Suicidal or Homleidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrsmosda. State,yrsmosda.
14 THE ABOVE IS TRUE TO THE REST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) like Hollinging	Former or usual residence.
(Address) Demacrung MD	Philosoft How 6 1922
Filed M. 4 192 E. Donts-yler MD Registrar	20 UNDERTAKER ADDRESS PRESIDENT
If more blanks are needed address State Registrar	16 W Saratora St. Balta, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion should be used on's when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in inclus rial employments, it is neces-Civil engineer, Stationery fremen, etc. But in many Physician, Compositor, Architect, Locamolive engineer, the first line will be sufficent e. g., Farmer or Planter, fulness of variou pursuits can be known. The ques eupation is very important, so that the relative healthdefinite calary), may be entered a household only (not paid Housekeepers who receive a en at har laborer, Fa w laborer, Laborer -- Ccal mine, etc. Wom er," etc., Never return "L.bo er," "Toreman," "Manager," "Dealworked on may form par of the second statement Spinner, (b. Cotton mill; (a) Salesman, (b) (rocery, Whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at 'exhaning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in Comestic service for wages, as Servant, Cook. to report specifically the occupations of persons enployed as At school or At home. Care should be taken Statement of Occupation-Precise statement of ocapplie to each and every person, irrespective of Foremen. For many occupations a single word or term on At Home, and children, not gainfully emwithout more pre ise specification as Day who are engined ha the duties of the (3) Lutomobile factory. If the occupation has been changed Housewife, House-The material

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time aud causation), using always the same accept ed term for the same disease. Examples: Gerebrospinhlifever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"

> use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (uame origin; "Caucer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or stated unless important. Chronic interstitial nephritis, etc. The contributory rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," causing death), 29 ds.; Bronchopneumonia Whooping cough; Chronic valvular heart diseases diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease vulsions," (secondary or intercurrent) affection need Nomenelature of the American Medical Association.) ment of cause of death approved by Committee head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The untrain-accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or taken. For VIOLENT DEATHS State MEANS OF INJURY State cause "Puerpural septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," ctc.) Accidental drowning; Struck by railway for which surgical operation was under (Recommendatious on state-Example: Mcaslcs (discase terminal (seeond-(merely "Con-

	PLACE OF DEATH	CERTIFICATE OF DEATH	
173	age or City Trouburg (No. 259, &	Registration Dist. No. 9	
	2 FULL NAME Rosana	a hospital or institu- tion, give its NAME in- stead of street and number.)	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 K	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from	
6 D.	May 11 , 1890	that I last saw h & aliva on hov 26 , 192 Y	
AG	(Month) (Day) (Year) E If LESS than	and that death occurred on the data stated above, at 2 Am.	
	3 5 6 1 dayhrs.	The CAUSE OF DEATH & was as follows:	
(:	CCUPATION) Trade, profession or articular kind of work.	Chronic Interstitut Nephrita	! 0
b) General nature of industry usiness, or establishment in	(Duration)yramosde.	
	hich employed or (employer) RTHPLACE (State or country) Mayland	Contributory Secondary (Duration) , yre, mos. da,	
	10 NAME OF Charles Frescher	(Signed) A. P. Stocker M. D.	
ENTS	11 BIRTHPLACE OF FATHER (State or country) 11 BIRTHPLACE OF FATHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	>
PAR	12 MAIDEN NAME Viola Davis	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)	
	13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place of death yrs mos da. State, yrs mos de.	
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
	(Informant) Charles Viescher	Fermer or usual residence	
	(Address) Tristling Ind	19 PLACE OF BURIAL OR REMOVAL ZATE OF BURIAL	-
15 F	iled 1/27 192 2 Ge Le Le Les Registrar	20 UNDERTAKER JABORESS Quest Jake Frestling	
	of If more blanks are needed, address State Registrar.	18 W. Saratoga St., Balto., Requesting V. S. No. 1.	

REVISED UNITED STATES CERTIFICATE OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus: Farmer ocstate occupation at legining of illness. If retired from or given up on account of the disease causing prain, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At Lome. Care should be taken work, definite salary); may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the laborer. Farm laborer, Laborer-Never return "Labo er," "Foreman." "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Sulesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it (a) Foreman, (b) Automobile factory. nature of the business or industry; and therefore an sary to know (a) the kind of work and also (b) the eases, especially in incus rial employments, it is neces-Civil engineer, Stationery fremen, etc. But in many Physician. Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation -- Precise statement of oc etc., or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day -Coal mine, etc. Wom-As examples: (a) duties of the The material

Typhoid fever {never report "Typhoid pneumenia"); spinal meningitis"); Diphtheria (avoid use of "Croup" ferer (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cercbrospinal to time and causation), using always the same accept. Lobar pneumonia, Bronchopneumonia Statement of Cause of Death-Name, first, the us-("Pneumonia,"

> ment of cause of death approved by Committee on "Whooping cough; Chronic valvular heart disease; sinqualified is indefinite); Tuberculosis of lungs, men Nomenclature of the American Medical Association.) quences (e.g., sepsis, tetanus) may be stated under the Poisoned by earbolic acid-probably suicide. Examples: Mecidental drowning; Struck by railway as probabile such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or taken. State cause for which surgical operation was under-"Puirperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatie), "Atrophy," "Collapse," "Uraemia," "Weaknes:" etc., when a definite disease "Dropsy," "Exhaustion," "Heart . failure," conditions, ary), 10 da causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Mcastes; vulsions," Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid inges; peritonacum, etc., (secondary or intercurrent) affection need not be of the injury, as fracture of skull, and conseof "contributory." -aecident; Revolver wound of head-homicide; For "Debility" ("Congenital," "Senile," etc.), such as "Asthenia," "Anaemia" VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal (Recommendations on state-Carcinoma, Sarcoma, etc., of Always quality all "Coma," "Con-"Haemor-(merely (second-(disease

the certificate is permanently filed. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all questhe data is essential and must be obtained before

" FAN."

WRITE P S. No. 1 Z

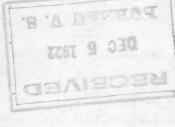
1 PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City (No. , (No. ,)	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEN 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 192, to 192 that I last saw h alive on 193
(Month) (Day) (Year) 7 AGE If LESS than I dayhrs. 8 OCCUPATION (a) Trade, profession or	and that death occurred on the date stated above, at
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 RIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs. mos. de
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)	(Signed)
(Informant) James Land (Address) Dartin	Where was disease contracted, if not at place of death? Former or usual residence
Filed Mm 23 1922 D. a. Box ever Registrar	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freench, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Mamager," "Dealworked on may form part of the second statement gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Houscwife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-(a) Foreman, (b) Automobile factory. The material state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed business, that fact may be indicated thus: Farmer (rewhatever, write None. tired 6 yrs.). Statement of Occupation Precise statement of oc-For many occupations a single word or term on For persous who have no occupation

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie cerebro"); spinal meningtis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pueumonia,")

Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menconditions, such as "Asthenia," "Anacmia" ary), 10 ds. Never report mere symptoms or terminal causing death). 29 ds.; Bronchopneumonia stated unless important. "Dropsy." "Exhausticu," "Heart failure." "Haemorvulsious," symptomatic), "Atrophy," "Collapse," "Coma," "Con-(secondary or intercurrent), affection need not be Whooping cough; diseases resulting from childbirth or misearriage as can be ascertained ny the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock, and qualify as Accidental, Suicidal, or Homicidal, or taken. For violent prates state means of injury State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," "Uraemia," "Weeknes." etc., when a definite disease train-accident: Revolver wound of head-homicide; as probably such, if impossible to determine definitely head of "contributory." quences (e. g., sopsis, totanus) may be stated under the ture of the injury, as fracture of skull, and conse-Examples: ment of cause of death approved by Committee Poisoned by carbolic acid-probably suicide. The na-Nomenclature of the American Medical Association.) "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railway Chronic valvulur heart discase; Example: Mcasles (disease (Rreommendations on state-(second-(merely



V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County allegary 11648	CERTIFICATE OF DEATH
County of D	Registration Dist. No.
Village or City umberlander 543, CA	St; Sto Ward) (If death occurred in a hospital or institu-
2 FULL NAME Infant A	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	IS DATE OF DEATH
MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
anov. 26, 1922	that I last saw strative on 20 25 ,1927.
(Month) (Day) (Year)	and that death occurred on the date stated above, at
3hours I dayhrs.	The CAUSE OF DEATH is was as follows: " I 6/2 Mad
& OCCUPATION	only Times about
(a) Trade, profession or particular kind of work	3 hours
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosde,
9 BIRTHPLACE (State or country)	Contributory Secondary
12/20-	(Duration)
FATHER Frank & isamore	(Signed) M.D. Mr. 79 1922 (Address) Current and mis
II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Sertie Transler	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
18 BIRTHPLACE OF MOTHER (State or country)	At place in the State,yrsmosda.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Hranky Bisamore	Former or usual residence
(Address) 543. Or. Centre st	19 PLACE OF BURIAL OR REMOVAL CATE OF BURIAL
Filed Nov: 30 1922. Harvey HWeiss Registrar	20 INDERTAKER Wolfor Culirland
of If more blanks are needed, address State Registrar.	10 NV. Saratoga St., Balto., Requesting V. S. No. 1 md

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEATH, ployed, as At school or At home. Care should be taken eu at home, who are engaged in the dnties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Iahorer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore au sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursnits can be known. eupation is very Important, so that the relative healthwhatever, write None. business, that fact may be indicated this: Farmer-(see state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; Civil engineer, Stationary firemen, etc. But in many tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-(a) Foreman, (b) Automobile factory. The material Statement of Occupation-Precise statement of oc-For many occupations a single word or term on -Coal mine, etc. Wom-The ques-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

use of "Tumor" for malignant neoplasms); Meastes; head of "contributory." as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn." "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles Chronic interstitial nephritis, etc. The contributory inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, menture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; taken. For VIOLENT DEATHS State MEANS OF INJURY "Puerperal septicaemia." "Puerperal peritonitis," etc. vulsions." causing death), 29 ds.; Bronchopneumonia Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e.g., sepsis, letanus) may be stated under the Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under-"Uraemia," "Weaknes: " etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; .. (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital." "Senile," etc.), Chronic valvular heart discase; Carcinoma. Sarcoma, etc.. of (Recommendations on state-(second-(disease (merely

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite symonym is "Epidemic cerebrospinal meningitis"); Diphthéria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association. ment of cause of death approved by Committee on quenees (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"PUERPERAL seplicaemic." "PUERPURAL peritonitie," etc. diseases resulting from childbirth or misearriage as can be ascertained as the eause. "Uracmla," "Weaknes ." ctc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemor vulsions," symptomatie), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 de. causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitiul nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(seeondary or intercurrent) affection need not be Whooping cough; ... (name origin; "Cancer" is less definite; avoid For "eontributory." "Debility" VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or Chronic valvular heart ("Congenital," "Senile," etc.), (Rreommendations on state-Example: Mcasles (disease wound of head-Alweys qualify all The contributory "Coma, -homicide; Measles; (merely terminal discase; (second-

If this certificate a looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD WHA UNFADING INK---THIS IS A PERMANEN LAINLY, WRIT

BINDING

GGIN RESERVED FOR

V S No. 1.

PLACE OF DEATH	STATE OF MARYLAND
Countyalls cases	CERTIFICATE OF DEATH
8	Registration Dist. No.
Village or City Land No. 47, 9	St; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDINGS OR BY FIRE COLOR OR BACE 5 SINGLE, WIDDINGS OR BY FIRE WORLD (WITH THE WOLL)	16 DATE OF DEATH (Month) (Day) (Year) 17 OCV 13 Th. 1922
(Month) (Day) (Year)	that I last saw hat alive on Moy 14/7, 1922, and that death occurred on the date stated above
If LESS than I dayhrs.	The control of the services
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	(Duration)
which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Alle of drugs
10 NAME OF FATHER YOUR SERVICE MCHANGE	(Bigged) TEO & Cyce of M.D.
b 11 BIRTHPLICE OF FATHER (State rountry)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of Mother Doullings 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Mospitals, Institutions, Transcents, or Recent Residents) At place In the State,
11 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(informant) Wm Vozel	Former or usual residence.
(Address) Employee	Dan Fellows Com. May 1. 3. 19. 2.
Registrar	20 UNDERTAKER ADDRESS ADDRESS ADDRESS
of more blanks are needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from whatever, write None. tired 6 prs.). For persons who have no occupation or given up on account of the disease causing Death Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servent, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At definite salary), may be entered as Houseveile, House household only (not paid Housekeepers who receive a en at home. laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman." "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mitt; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore au (a) Foreman, (b) Automobite factory. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Civil engineer, Stationary fremen, etc. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc For many occupations a single word or term on who are engaged in the duties of the Home, and children, not gainfully em--Coal mine, etc. Wom-As examples: (a) The material But in many

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avail use of "Croup"); Typhoid fever (uever report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) ment of enuser of death approved by Committee on head of "contributory." quences Examples: as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or "Puerperal seplicaemia." "Puerperal peritonitis," "Uraemia," "Weeknes." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Ethanstien," "Heart failure," "Haemor symptomatic), "Atrophy," "Collapse," "Coma," Poisoned by carbolic acid-probably suicide. train—accident; Revolver wound of head—homicide; taken. For violent dualities state means of injury State cause for which surgical operation was underdiscases resulting from childbirth or miscarriage as can be ascertained as the cause. vulsions." conditions, ary), 10 ds. Never report mere symptoms or inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencausing death), 29 ds.; Bronchopneumonia stated uuless important. use of "Tumor" for malignant neoplasms); (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; of the injury, as fracture of skull, and conse-.. (name origin; "Cancer" is less definite; avoid (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.) such as "Asthenia," Accidental drowning: Struck by railway (Recommendations on state-Example: Measles "Anaemia" Always qualify all Meusles; termina (second-(disease (nierely not be



BINDING

RESERVED FOR

MARGIN

V. S. No. 1.

Village or City. PLACE OF DEATH 11652 No. Sheet Place of Death (No. Sheet Place of Death (No. Sheet Place of Death Place of Death No. Sheet Place of Death Place o	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEXI 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
TAGE 3 7 yrs. 5 mes. 16ds. 0R mis. 9	that I last saw he alive on least stated above, at /2 cm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of Industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs. (mos. ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (Etate or country) 13 BIRTHPLACE OF MOTHER (Etate or country)	(Signed) *State the DISEASM CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lo the Side, yis, mes, ds.
(Informant) Mas Herricka M. Kangel (Address) (Address) 15 Filed 191 22 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS ADDRESS
REGISTRAN	6 W. Saratoga St., Balto., Requesting V. S. No. 1

Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, wife, Housework, or At Home, and children, not gainfully write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. engaged in domestie service for wages, as Servont, Cook, employed, as At school or who receive a definite salary), may be entered as Housetaken to report specifically the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Loborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Solesman, (b) Grocery; (a) Foreman, only when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never is very important, so that the relative healthful-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever The material worked on may form part If the occupation has been changed As examples: (a) Spinner, (b) Cotton the occupations of persons At home. Care should be return If retired from The question "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meaningitie"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," inqualified. is indefinite); Tuberculonia of lungs, menin-

on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetonus) may be stated mus," on statement of cause of death approved by Committee hcod-homicide; Poisoned Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" cte., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," symptoms or terminal conditions, such as "Asthenia," chopneumonia rent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic volvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping "Old Age," "Shock," "Uraemia," "Weakness, Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, (secondary), 10 ds. Never report mere The contributory (secondary or intercuretc.), by carbolic "Dropsy," "Atrophy," "Colacid-probably "Exhaustion," ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the permanently filed.

EC L T

PLACE OF DEATH County 11653	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Tructury (No	Registration Dist. No. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	is DATE OF DEATH (Month) CDay), 1(2) (Year)
8 DATE OF BIRTH (Month) (Day) (Year)	that I last saw halive on, 192
7 AGE If LESS than l dayhrs. dayhrs. ds.jor min. min.	and that death occurred on the date stated shove, at
8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country)	(Duration) yrs. mos. ds. Contributory Secondary
19 NAME OF FATHER 11 BIRTSPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	(Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Saichan or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents, or Recent Residents) At place of death yrs. mos. da. State, yrs. mos. da.
12 THE ABOVE IS TRUE TO THE BEST ON BY KNOWLEDGE (Informant)	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DAFE OF BURIAL
(Address) July 15 Filed 130 1922 h. L. Linger Registron	20 UNDERTAKER ADDRESS

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, tired 6 yrs.). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At Rome. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerworked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, (a) Foreman, (b) Automobile factory. The material tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation -- Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the pis-EASE CAUSING BEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lodar pneumonia, Bronchopneumonia ("Pneumonia,")

> head of "contributory." Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences couditions, such as "Asthenia," "Anaemia" ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: as probably such, if Impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or State eause for which surgical operation was under-"PUERPERAL septicaemia." "PUERPERAL peritonitis," etc. diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all rhage," "Inauition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," ary), 10 ds. causing death), 29 ds.; Bronchopneumonia "Uracmia," "Weaknes.." etc., when a definite disease "Dropsy." "Exhaustion," "Heart failure." "Haemorstated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Meastes; inges, peritonasum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menvulsions," Whooping cough; Chronic valvulur heart disease; (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need FOR VIOLENT DEATHS State MEANS OF INJURY (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railway Never report mere symptoms or terminal (Recommendations on state-The contributory (merely (second-

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WIND BY

(Approved by U. S. Census and Maerican Public Health Association.)

Whatever, write Nonc. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of Thess. If retired from or given up on account of the DISEASE CAUSING BEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school or At. home. Take should be taken Housemaid, etc., If the ordupation has been changed to report specifically the occupations of persons endefinite salary), may be enterediges Housewife, House household only (not paid Housekeepers who receive a en at home, laborer, Farm laborer, Laborer-Coal minc, etc. Wom-Never return "Laborer," "Teroman," "Manager," "Dealadditional line is provided for the latter statement; it worked on may form part of the second statement (a) Foreman, (b) Automobite factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an eases, especially in inclustrial employments, it is neees-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the Telative healthfulness of various pursuits can be known. Statement of Occupation-Precise statement of oc etc. without more precise specification as Day to know (a) the kind of work and also (b) the For many occupations a single word or term on who are engaged For persons who have no occupation in the duties of the The material The ques-

Statement of Cause of Death—Name, Arst, the ms-EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences Poisoned by carbolic acid-probably suicide. and qualify as accidental, suicidal, or Homicidal, or head of "contributory." ture of the injury, as fracture of skull, and eonse train-aecident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as taken. For violent deaths state means of injury State cause "Puerpenal seplicaemia.""Puerperal peritonitis," can be ascertained as the eause. "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatie), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" "Dropsy." "Ethnusticn," "Heart failure." "Haemor vulsious, ary), 10 ds. causing death), 29 ds.; Bronehopneumonia stated unless important. use of "Tunuor" for malignant neoplasms); inges, perilonacum, etc., Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Whooping cough; Chronic valvular heart discase; (e. g., schsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.) for which surgical operation was under Never report mere symptoms or (Recommendations on state-Carcinoma, Sarcoma, etc., of Example: Mcasles Always qualify all Measles; terminal (merely (seeond (disease not be etc.

If this certificate is 10 ked over thoroughly and all questions answered in cetall, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

256I 9

PHYSI.

certificate

instructions

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation ployed, as At school or At home. Care should be taken whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement additional line is provided for the latter statement; it household only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Plantor, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia, Bronchopneumonia ("Pnenmonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations ou statequences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the canse. Always qualify all rhage," "Inaultion," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report more symptoms or terminal causing death), 29 ds.; Bronchopncumonia stated unless important. Example: Mcasles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Chronic valvulur heart discase; (second-(merely



PLACE OF DEATH	STATE OF MARYLAND
11656	CERTIFICATE OF DEATH
Countyallegary	Registration Dist. No.
THIS CORPORATE INTEROF	HOAF 705
Village or City	Ward) (If death occurred in a hospital or institution, give its NAME in-
11/20 · C An	elev. stead of street and number.)
2 FULL NAME VILLIAM C	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE MARRIED.	16 DATE OF DEATH
MINDLYED OK DENBEED NO.	(Month) (Day) (Year)
I mar y major (Village Continue)	I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	910-132 1, to 100 1, 192 2.
(Month) (Day) (Year)	that I last saw h Lot alive on 100, 1927
7 AGE If LESS than	and that death occurred on the date stated above, atm.
3 h l dayhrs.	The CAUSE OF DEATH A was as follows:
	are to me Khustin
8 OCCUPATION (a) Trade, profession or	to cook inagriculture.
particular kind of work (b) General nature of industry	9
business, or establishment in which employed or (employer)	(Duration)yrsmosde.
9 BIRTHPLACE	Contributory Secondary
(State or country)	(Duration)yrsmos de.
10 NAME OF A A A A A A A A A A A A A A A A A A	(Signed) WNHOdget Mp.
O II REPORTED AND	Elec, 1 1922 (Address) Cumberland Med.
ON HAMMEN	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
2 12 MAIDEN NAME Q	Accidental, Suicidal of Houncidal.
of Mother Marie	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER 110	At place of death yrs mos da. State, yrs mos da.
(State or country) (State or cou	Where was disease contracted. Cumberland and R. 7.0.2 if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or C. hestand Jud. N. T. W. 2
(Informant) John Coulter	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address timberland nd	-P/sharta mat 30 5 .22.
15 0 0 11 11 11 11	20 UNDERTAKER ADDRESS
Filed Dec. 2, 1922, Harvey Hours.	100 0-1166/and 1 1 1 1
of If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.
If there binnes are nected, nonress state verisitar.	THE STREET STREET

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs.). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer. the first line will be sufficient, e. g., Farmer or Plunter, cupation is very important, so that the relative health-Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on At Home, and children, not guinfully em-For persons who have no occupation

Statement of Cause of Death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pueumonia,")

quences (e. g., sepsis, tetanus) may be stated under the ment of cause of death approved by Committee on head of "contributory." Poisoned by carbolic acid-probably suicide. The na-"Uraemia," "Weaknes ." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma, conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicinal, or momicinal, or State cause for which surgical operation was under-"Puerperal seplicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. vulsions." causing death), 29 ds.; Bronchopneumonia stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Whooping cough; .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart (Recommendations on state-Example: Measles Always qualify all Mensics; terminal discase; (disease ." "Con-(mercly (second-



No. 1. vi.

PHYSI-

	1 PLAC	E OF DEATH			
C	ounty a	llegan	<u> </u>	1	1657
Villa	age or Cit	, mach		(No,	······ • •
	² FU	ILL NAME	•••••		mu
	PERSO	NAL AND STAT	ISTICAL P	ARTICU	LARS
8 S	ex	4 color or R	WH	GLE, KRIED, DOWED DIVORCI Ite the we	ED Sugl
6 D	ATE OF B	h		, lt	, 192
7 AG	VIC	Still	^		If LESS the dayh
O bu	hich emplo		f m	d	••••••
	10 NAME FATH	OF			ui
11 BIRTHPLACE OF FATHER (State or country) Aproved					
of MOTHER Many Elle Cluff			2mpp		
	13 BIRTI OF MC (Sta	THER te or country)	naco		nd
14 T	(Informan	, a	L. M	MXKNO	WLEDGE
	(Add	Iross) Mike	1 ma	<u> </u>	***************************************
15 F	ila hun	14 1927	A13.	nch	er

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St; Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH (Month)	14 L (Year)
17 I HEREBY CERTIFY, That I a	
	, 102
that i last saw h,alive on	, 192
and that death occurred on the date state	ed above, at
The CAUSE OF DEATH & was os follows:	tur. 5 mouth
(Duration)	yrsmos., de
Contributory	
(Duration)	yrsmos de
(Signed) Jensy mi Hook	12-5- M,0
14 192.26 (Address)	acong his
*State the Disease Causing Deatl Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	h, or, in feaths from jury; and (2) whether
18 LENGTH OF RESIDENCE (For Hos lents, or Recent Residents)	pitals, Institutions, Trans-
At place In th	te,yrsmosda
Where was disease contracted, if not at place of death?	
Former or usual residence.	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	, 19
20 FNDERTAKER	ADDRESS
	1

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

Registrar

(Year) If LESS than I day hra

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation Whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealgaged in domestic service for wages, as Screant, Cook, definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., should be used only when needed. As examples: (a) nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces the first line will be sufficient, e.g., Farmer or Planter, Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health Statement of Occupation-Precise statement of oc or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

ment of cause of death approved by Committee head of "contributory." Nomenclature of the American Medical Association.) quences (c. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the eause. Always qualify all rhage," "Inauition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Con ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia Poisoned by curbolic acid-probably suicide. The na-"Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorconditions, such as "Asthenia," "Anaemia" stated unless important. unqualified, is indefinite); Tuberculosis of lungs, men vulsious," inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart discase; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Mcasles (disease (merely (second-

V. S. No. 1.

Z

PLACE OF DEATH	STATE OF MARYLAND
County allegary 11658	CERTIFICATE OF DEATH Registration Dist. No.
Village or City williams (No. ,)	St.; Ward) [If death occurred in a hospital or institution, give its NAME lustead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemule white of Single MARRIED, Juigle of Divorced (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from
** DATE OF BIRTH 29 th 1922 (Month) (Day) (Year)	that I last saw # 12 allog on hor. 29 4, 1972,
7 AGE If LESS than 1 dayhrs. ORmin. ?	and that death occurred on the date stated above, at 34. m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or (particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Wunnflued	(Burstien) ns. mos. da. Contributory Secondary (Burstien) 775 mos. da
10 NAME OF FRATHER Fred Myers 11 BIRTHPLACE OF FATHER (State or country) Wayyland 12 MAIDEN NAME	(Signed) Colored M. C. (Signed) Colored Colore
of MOTHER May the Jordan 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY MOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place in the of doubth
(Informant) Ted Duyses	If not at place of death?
(Address) Trudland lud	St Michaelo Date of Burial Dr. 29. 1012
Fled 200 29 197-2 M. M. M. Corrutty. D. REGISTRAN	20 UNDERTAKER ADDRESS Midlaughles
"f more blanks are needed, address State Registrar,	16 W. Saratoga St., Balton Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health
Association.]

state occupation at beginning of illness. write None or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully employed, as At school or who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification us Day laborer, Farm laborer, Laborer "Foroman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grovery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective ness of various pursuits can be known. The question Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupamany occupations a single word or term on the Compositor, Architect, Locomotive engineer, very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed At home. Care should be Never return "Laborer," If retired from (b) Auto-Civil

Statement of Cruse of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diplitheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," meningualified. is indefinite); Tuberculosis of lungs, meningualified.

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness," "PUERPERAL perisonities," etc. birth or miscarringe as "Purperal septichaemia," cause. Always qualify all diseases resulting fram childctc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (inerely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (discuse causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of. The nature of the injury, as fracture of skull "Conia," (secondary), 10 ds. The contributory (secondary or intercur-"Convulsions," "Debility" ("Conby carbolic State cause for which (Recommendations Never report mere "Atrophy," acid-probably



PLACE OF DEATH	STATE OF MARYLAND
County allengan . 11000	CERTIFICATE OF DEATH
-	Registration Dist, No.
Sim Completed for du 430 /	+11
Village or City Williams (No. 430, C	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Anne White OR MONTED OR WINDOWS	Movember 6-, 1(2 2 (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
pt 20 820	
(Month) (Day) (Year)	that I last saw hew alive on Wood, but 1922,
7 AGE	and that death occurred on the date stated above, at. 31.45 Name.
J. J. yrs. S. mos. J. ds. or min. ?	The CAUSE OF DEATH & was as follows:
8 OCCUPATION	Oboblotu
(a) Trade, profession or particular kind of work.	
(b) General nature of industry business, or establishment in	15
which employed or (employer)	Contributory Clatteria Deleanos (A)
9 BIRTHPLACE (State or country)	Secondary Secondary Secondary
10 NAME OF THE	(Duration) .1.0.yrs,mos ds,
FATHER Cheothin Bancha.	(Signed) h. W. D. M. D. M. D.
11 BIRTHPLACE OF FATHER	Nov. 7 192. 2 (Address) burns erland, The
(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
OF MOTHER	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients, or Recent Residents)
OF MOTHER (State or country)	At place In the of death yrs mos da, State, yrs mos da,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant mary C. Valentine	Former or usual residence
(Address anderland.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 A	Rose Thes Com Nov 9 1927
Filed ov. 8, 1922 Harvey HUleiss	20 UNDERTAKER ADDRESS
Registrar	homes stem bomberland
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrosphial fever (the only definite synonym is "Epidemic cerebrosphial meningitis"); Diphtheria (avoid use of "Croup"); Pyphoid fever (never report "Typhoid preumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

conditions, such as "Asthenia," Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on state quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puerperal septiogen's." "Puerperal poritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknese." etc., when a definite disease rhage." "luanition." "Marasınus," "Old Age," "Shock," "Dropsy." "Exhausticu." "Heart failure." "Haemorsymptomatic), "Atrophy." "Collapse," "Coma," "Conary), 10 ds. Never report mere symptoms or terminal eausing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of nuqualified, is indefinite); Tuberculosis of lungs, mentaken. For violent prattis state means of injury vulsions." Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; "Debility" ("Congenital," "Senile," etc.); Example: Measles "Апаетіа" (second-(disease (merely cte.



CORD

N. B.--Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE

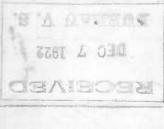
PLACE OF DEATH	CERTIFICATE OF DEATH
County Magazing 11660	Registration Dist. No.
Village or City CK Mark (No	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED OR DIVORCED (Write the word)	(Month) (Day) , 15.2 (Month) (Day) , 15.2 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw halive on
T AGE If LESS than I dayhrs. mosds. ormin. ?	The CAUSE OF DEATH & was as follower
(a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE 14 BIRTHPLACE OF MOTHER 13 BIRTHPLACE	(Signed) 192 (Address) State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents)
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs. mos. da. State, yrs. mos. da Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Eckhauf Jak	19 PLACE OF BURIAL OR REMOVAL SATE OF BURIAL , 19
Filed 19 1922 G. L. Luniger Registrar	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Crond"); Typhoid fever (never report "Typhoid pneumonia."): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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PLACE OF DEATH STATE OF MARYLAND EXACTLY, P by classified. loate. Registration Dist. No. (If death occurred in hospital or institution, give its NAME instend of street and number.) propor PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR BACE | 5 SINGLE, pe MARRIED. WIDOWED OR DIVERSED (Write Le Land) may BINDING HEREBY CERTIFY, That I attended the deceased from that Instructions (Month) (Day) (Year) 80 7 AGE and that death occurred on the date stated above, at If LESS than The CAUSE OF DEATH & was as follows: day hrs. 8 OCCUPATION RESERVED (a) Trade, profession or particular kind of work..... pla important. (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER AUSE TION 11 BIRTHPLACE OF FATHER RENT *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME d state 0Af occupAT 4 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 13 BIRTHPLACE At place of death OF MOTHER In the (State or country) ... yrs.mos......da. State, yrs. mos..... of shoul Where was disease contracted, KNOWLEDGE if not at place of death?..... statemont Former or usual residence. Every it OR REMOVAL ADDRESS 80 If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Cenene and American Public Health Association.)

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Never return "Labover," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fromen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applie to each and every person, irrespective of fulness of various parsuits can be known. The ques cupation is very insportant, so that the relative healthtired 6 year). For persons who have no occupation (a) Foremen. (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation Precise statement of oc etc., For many occupations a single word or term on without more precise specification as Day

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causing death. "? inges, personucum, etc., Carcinomo, Sarcona, etc., of unqualified. is indefinite); Tuberculosis of lungs, men ment of cause of death approved by Committee on head of "contributory." (R commendations on state quences (e.g., sepsis, telants) may be stated under the train-accident: Revelver round of head-homicide; as probably such, if impossible to determine definitely and qualify as Accidental strengal, or Homicidal, or taken. For violating bearing state abeans of injury State cause for which and in a seation was under "Puerperal seption min." The enterprisonitie," etc. diseases resulting from childhirth or miscarriage as can be ascertained in the can a Always qualify all rhage," "Inanition" "M. rasmus," "Old Age." "Shock," "Dropsy." "Exhausthan." "Thank vulsions." symptomatic), "Atrophy." "Collapse," "Coma." conditions, such a ary). Wo ds. Nev r poet more substant or terminal stated unless impostant. Chronic interstitie nephritis, etc. The contributory use of "Tunor" for malignant neoplasms);(name origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association.) ture of the injury, a fractive of skull, and conse-Poisoned by cerbal's and Examples: Accidental decommon; "Uraemia," "Weekn s." (secondary of Whooping cough: "Debility" he nurrany affection need not be Birondia numberia Christic valvular heart "A "Thousand "Anne...ia" "("Congenital," "Seniie," etc.), t..., when a definite discase E cupe Meales probably suicide. failure." Continue leg Ronalist "liaemor discuse; (merely (disease (Second-

If this certificate is 1: hed over thoroughly and all questions answered in he ath, it will prevent further correspondence he called ath is seen attained must be obtained before the certificate is permanently filed

DEC 6 1922

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOND V. S. No. 1. N B

RESERVED FOR BINDING

MARG

1	PLACE OF DEATH	STATE OF MARYLAND
	5000 000 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CERTIFICATE OF DEATH
Count	y 110ti2	Registration Dist. No.
		(IM)
Villag	e or City My Juge (No.	St.; Ward) [If death occurred in a hospital or institution,
vinag		give its HAME Instead of street and number.]
	FULL NAME AMU Q. C.	/ New or street and transport.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	A COLOR OF PACE 5 STNGLE 1	16 DATE OF DEATH
19	MARRIED; WILDWED	(Month) (Day) (Year)
	(Write the word)	17 O I HEREBY CERTIFY, That Lattended deceased from
BDAT	TE OF BIRTH	197 to NOV J , 1912.
	april 1,1800	that I last saw h Mualive on har 1937
	(Month) (Day) (Year)	and that death occurred on the date stated above, at /0 m.
7 AG	1 day,hrs.	The CAUSE OF DEATH * was as follows:
	7 2 yrs. mos. os. or min.?	4/ 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8 00	CUPATION P	Chronica mensitual //ephsills
	Trade, profession, or Jobore :	
(b)) General nature of industry	(Durallon) 3 yrs. mos. ds.
	siness, or establishment in ich employed (or employer)	
9 BI	RTHPLACE (State or country)	Contributory Secondary
	Weater of country)	(Dureljan) yrs mes 66.
	10 NAME OF THE FATHER	(Signed) ft. O.M. O.
S	Jones O. Wille	mr 4 1922 (Address) hil Sprage min
ENT	11 BIRTHPLACE OF FATHER	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
Ш	(State or country)	Suicidal of Homicidal.
PAR	OF MOTHER Mary Jall	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
	13 BIRTHPLACE	At place in the
	OF MOTHER (State or country)	of deathyrs
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
	(Informant) front Me, Nermut	Former er
	0 4 02 - 22 0 1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Market	Westernory med how 6 10
15	& 5 M Mastitte in	20 UNDERTAKEN ADDRESS
F	led 100 0 , 191 REGISTRAR	It Durch Hrystong in
-		, 16 W. Saravoga St., Batto., Requesting V. S. No. 1
1	If more blanks are needed, address State registration	

[Approved by U. S. Cousons and American Public Bealth Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many current know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line As examples: (a) Spinner, (b) Cotton The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer. etc.. without more -Coat mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers wife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons or given up on aecount of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired For persons who have no occupation whatever, For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physiespecially in industrial employments, it is necessary to is provided for the latter statement; it should be used precise specification as Day laborer, Farm loborer, Laborar who receive a definite salary), may be entered as Houseengaged in domestic service for wages, as Servant, Cook, If the occupation has been changed ness of various pursuits can be known. The question applies to each and every person, irrespective of age. (b) Auto-Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulmill; (a) Solesman, (b) Grocery; (a) Foremon, only when needed. Housemaid, etc. mobile factory. write None. Statement of Gause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tubercubosis of lungs, menin-

etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child-"PUBRPERAL perilonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of eause of death approved by Committee on Nomenclature of the American Medical Association.) mus," "Old Age," "Shock," "Uraemia," "Weakness," cough; Chronic valvular heart disease; Chronic interstitial rent) affection need not be stated unless important. chopmeumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," ("Con-"Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasges peritonaeum etc., Carcinoma, Sarcoma, etc., of "Tumer" for malignant neoplasms); Measles, Whooping The contributory (secondary or intercur-Example: Meastes (discase causing death), 29 ds.; Bronor miscarriage as "PUERPERAL, septichaemia, by railway train-accident; Revolver wound "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" (genital," "Senile," etc.), "Dropsy," (name origin, nephritis, etc. Struck birth

PLACE OF DEATH	STATE OF MARYLAND
11663	CERTIFICATE OF DEATH
County allegany	(140)
MATHIN CORPORATE LATE OF	Registration Dist. No.
Village or City Cumbry Could on 17 7	Ward) (If denth occurred in a hospital or institution, give its NAME instead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	16 DATE OF DEATH
Huste Wite the word	Movember 16.22
6 DATE OF BIRTH 6 840	Och 30 m 192 V, to how, 1 st , 192 V. that I last saw h & M. alive on how 1 the , 192 V.
(Month) (Day) (Year)	and that death occurred on the date stated above, at 5
It LESS than	The CAUSE OF DEATH & was as follows:
y 2 yrs. 8 mos. 25 ds or min. ?	aneonal ap oppley a,
8 OCCUPATION /	
(a) Trade, profession or particular kind of work.	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory
10 NAME OF A A A	
FATHER Usbring Pethcord	(Signed) M.D.
11 BIRTHPLACE OF FATHER	192 V. (Address)
(State or country) 12 MAIDEN NAME (7)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
2 12 MAIDEN NAME OF MOTHER	Accidental, Suicidal or Homicidal. 41 Jacque 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a wya finlo	ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. da. In the State, yrs. mos. da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, which if not at place of death?
(Informant) momany & Sheford	Former or usual residence Danis M. Va
(Address) Comberland Inf	19 PLACE OF BURIAL OR REMOVAL EGTE OF BURIAL
15 2 2 2 14 1011	20 UNDERTAKER A TADDRESS
Filed 10 1 3, 192 2, Tarvey (Tues	of the land
	more sum umverland
of If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing deatif, Housemaid, etc. If the occupation has been changed gaged in domestle service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laboler," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locamotive engineer, Civil engineer, Stationary fremen, etc. But in many the first line will be sufficient, e. g., Farmer or Planta, age. For many occupations a single word or term on (a) Foreman; (b) Automobile factory. cases, especially in Industrial employments, it is necesfulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc-For persons who have no occupation -Coal mine, etc. Woni-The material The ques-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease, Examples: Occibrospinal fever (the only definite synonymis "Dipidamic gerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage." "Hanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," conditions, ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated miless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menvulsions." Chronic interstitial nephritis, etc. The contributory Whooping cough; . Chronic valvular heart discase; (secondary or intercurrent) affection need not be "Debility" ("Congenital," "Senile," etc.), such as "Asthenia," "Anaemia" (Recommendations on state-Example: Mcasics (disease (merely "Соп-

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, whatever, write None. tired 6 yirs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as Al school or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House. en at home, who are engaged in the duties of the worked on may form part of the second statement (a) Foreman, (b) Automobile factory. The uniterial Spinner, (b) Cotton mill: (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in inclustrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on -Coal mine, etc. Wom-As examples: (a)

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis", Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid puenmonia"): Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "Puerperal septieuemie." "Piterperal peritonitis," etc. discases resulting from childbirth or misearriage as can be ascertained in the cause. Always qualify all "Uraemia," "Weekn s rhage," "luanition" "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion." "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such a "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death). 29 ds.: Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumer" for malignant neoplasms); Measles; inges, perilonarum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on Polsoned by carbol's acid-probably suicide. The natrain-accident: Revelver wound of head-homicide; Examples: Accidental drowning; Struck by railway State cause for which surgical operation was undervulsions." (secondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart discase; .. (name orighn; "Cancer" is less definite; avoid FOR VIOLENT DUATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Sculle," etc.), " etc., when a definite disease (Recommendations on state-Example: Measles (disease (second-(merely

N. B.--Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD M. GIN RESERVED FOR BINDING LAINLY, WITH UNFADING INK---THIS IS A PERMANEN WRITE

V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County allegary 11665	© CERTIFICATE OF DEATH
BATHER COMPONENT MATERIAL OF THE TAIL	Registration Dist. No.
Village or City (No. Toll	Cive St.; Ward) (If death occurred in
2 FULL NAME Stielborn	Perseuve a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Slout While Single, Single, Windoweb OR Divorced (Write the word)	(Month) (Day), 11, 2 L (Month) (Day), (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	nov. 30th 1022, 10 how 30 ,182 8
por. 30 192	that I last saw h & dead how. 30 192 2
7 AGE 2 mos intraulerine If LESS the	and that death occurred on the date stated above, at
l dayhi	The CAUSE OF DEATH AS were as follower
8 OCCUPATION mosds. or min.	? Covering.
(a) Trade, profession or particular kind of work	. I months inhanterine
(b) General nature of industry business, or establishment in	(Duration) yrs. mos. ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Mandand	Secondary (Dustion)yrs,mos da
10 NAME OF Russell C. Perdew	(Signed) What odger M.D.
11 BIRTHPLACE OF FATHER (State or country) Manyland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of Mother Marie 9. Whl	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Penna.	At place of death yrs. mos. da. State, yrs. mos. da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Kursell C. Perdew	Former or usual residence
(Address) Cumberland Md.	Consted by Cov. 30,19 2:
File Dec 5, 1922. Harvey HWers	20 UNDERTAKER ADDRESS order of Dr. Hodges Cumber-
If more blanks are needed, address State Registre	ar. 16 W. Saratogh St., Balto., Requesting V. S. No. 1. Land

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of Illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Furm laborer, Laborerer," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Civil engineer, Stationary fremen, etc. But Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. For many occupations a single word or term on without more precise specification as Day -Coal mine, etc. Wom-As examples: (a) The material in many

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid phenmenia"): Lobar pneumonia, Bronchopneumonia ("Pnenmonia"):

ment of cause of death approved by Committee on as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as symptomatic), "Atrophy," "Collapse," "Coma," "Con conditions, such as "Asthenia," "Anaemia" ary). 10 ds. stated unless important. unqualified, is indefinite); Tuberculosis of lungs, men Nomenclature of the American Medical Association.) head of "contributory." ture of the injury, as fracture of sknll, and conse-Poisoned by carbolic acid-probably suicide. The natrain—accident; Revolver wound of head—homicide; Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or Homicidal, of State cause for which surgical operation was under "Puerperal sopticaemia." "Puerperal peritonitis," can be ascertained as the canse. Always qualify all "Uraemia," "Weaknese," etc., when a definite disease rhage," "Inanition" "Marasnıns," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart vulsions." causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Meastes, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need Whooping cough; Chronic valvulur heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURI (c. g., sepsis, tetanus) may be stated under the "Debility" Never report more symptoms or ("Congenital," "Senile," etc.) (Recommendations on state-Example: Meusles failnre." "Haemor The contributory (merely terminal (disease (secondnot be etc.



N. B.

A	PLACE OF DEATH	STATE OF MARYLAND
	aunt (Illeanus)	CERTIFICATE OF DEATH
	County County	Deliver De N
THUN	COMPORATE (1 7) 7 C	Registration Dist. No.
Vill	lage or City Cuin Valaud (No. 737)	Ward) (If death occurred in
	2 FULL NAME Mathilda V.	Reaskers a hospital or institu- tion, give its NAME in- stend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S	Tuale White Single, Married, Wilowed Wite the word)	16 PATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 D	ATE OF BIRTH	Nov 2 1928 10 Nov 6 1923.
	May 19 . 861	that I last saw held, alive on Nov 5 192 2
	(Month) (Day) (Year)	1 P
7 A	If LESS than	and that death occurred on the date stated above, atm.
	61 5 16 dayhrs.	The CAUSE OF DEATH & was as follows:
	mosde.lormin. ?	Carcinoma ce Mens
A. (*	CCUPATION a) Trade, profession or articular kind of work	
(I	b) General nature of industry	
	usiness, or establishment in rhich employed or (employer)	(Duration)
A	(State or country)	Contributory
	10 NAME OF FATHER FACTOR AS A MARGON AS A SAME OF THE PARTIES AND A SAME OF THE PARTIES AS A SAM	(Signed) Leo Of culturary M. D.
18	H BIRTHPLACE	NN 5 1922 (Address) 1.19 & Letuty 21
RENT	OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PA	OF MOTHER agesta Kill	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	IS BIRTHPLACE OF MOTHER	ients, or Recent Residents) At place In the of death yrs mosda. State,yrsmosda.
11.7	(State or country)	of death yrs mosda. State,yrsmosda. Where was disease contracted,
14 1	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) // Jessee Wade	Former or usual residence
	(Address) 737 Md aux	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 F	ilel lov. 7, 1922. Harvey H. Weiss	20 UNDBRAKER ADDRESS
	Registrar	Jours Hour Kungsuland
	of more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestle service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," ctc., worked on may form part of the second statement, Never return "Laborer," "Foreman," "Manager," "Deal, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolies engineer, age. For many occupations a single word or term on the first line will be sufficient; e. g., Farmer or Planter, tion applies to each and every person, irrespective of (d) Foreman, (b) Automobile factory. Civil engineer, Stationary fremen, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation Precise statement of oc without more precise specification as Day -Coal mine, etc. Wom-The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meniugitis"): Diphtheria (avoid use of "Croup"); Typhoid Mer (never report "Typhoid pueumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

equalitions, such as "Asthenia," "Anaemia" Nomenclature of the American Medical Association.) head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely. symptomatic), "Atrophy," "Collapse," "Coma," ary). 10 ds. Never report mere symptoms or stated unless important. use of "Tumor" for mulignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. The natrain—accident; Revolver around of head-homicide; Examples: Accidental drowning; Struck by railway and qualify as Accidental, Suicidal, or Homicidal, or taken. For violent deaths state means of injury State cause "Puerpenal septicacmia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite discase rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustien." "Heart failure," "Haemorcausing death). 29 ds.: Bronchopneumonia Chronic interstitial nephritis, etc. The contributory inges, peritonaeum, etc., Carcinoma, Sarcoma, etc.. of vulsions." (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart discase; (manie origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-(Recommendations on state-Example: Mcastes (secondterminal (merely (discase

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the westimenter is permanently filed.

DEC 6 1922

V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
(100 11667	CERTIFICATE OF DEATH
County alle gange 1100	90
WHIS CORPORATE OF THE OF	Registration Dist. No.
Village or City Beanles land (No. 281, E.	lole St. 63 Ward) (If death occurred in
Village of City	a hospital or institu- tien, give its NAME in-
2 FULL NAME Samual a R	
2 FULL NAME Januar Co	anden fr
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR BACE 5 SINGLE,	16 DATE OF DEATH NOV. 22
MARRIED, WIDOWED OR DE O	1.2
That White OR DEVORCED	(Month) (Day) (Year)
6 DATE OF BIRTH	det 20 horses
/ •	1922, 10
OX 16, 1922	that I last saw hormalive on
(Month) (Day) (Year)	and that death occurred on the date stated above, at
7 AGE	The CAUSE OF DEATH & was as follows:
6 1 day hrs.	
8 OCCUPATION min. ?	Malweler heart Die
(a) Trade, profession or	
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration)yrsmos 6. ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
mil	Quration)yremos de.
10 NAME OF FATHER	(Signed) // Bolevers M.D.
Olympia (Krinking	7- 1557/6 /1111
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Deuth, or, in Seatons from Violent Causes, state (1) Menns of Injury; and (2) whether
OF FATHER (State or country)	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Snicidal or Homicidal.
& 12 MAIDEN NAME OF MOTHER #A	
a Hosence maganer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or country) May t Da	of death yrs mos da. State,yrs mos da. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
as Olamera Rankin	Former or usual residence.
(Informant)	19 PLACE OF BURIAL OR REMOVAL EATE OF BURIAL
(Address Des Alex Property Sand	De la comita de
15	Mare 11-10 01.00 2 2, 19 2, 2
Filed Nov. 23,1922, Harvey Hueiss	20 UNDERTAKER ADDRESS
Registrar	Prair Office Office land
If more blanks are needed, address State Resistrar.	16 W. Saratoga St., Palto., Requesting V. S. No. 1.
	124

(Approved by U. S. Ceusus and American Public Health Association.)

cupation is very important, so that the relative healthwhatever, write Nonc. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persous enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a eu at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully cm--Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia."

DEC

conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quenecs (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homiciae; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under "Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracinia," "Weakness," etc., when a definite disease rhage," "Tuanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Hacmorvulsions," symptomatic), "Atrophy," "Collapse," "Coma." causing death), 29 ds.; Bronchopneumonia (secondstated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Carcinoma, Sarcoma, etc., of (Recommendations on state-Example: Mcastes (disease (merely

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vi.

	PLACE OF DEATH	STATE OF MARYLAND
1	County allegans 116	CERTIFICATE OF DEATH
WIT.	ounty	99-0
		Registration Dist. No.
Vil	age or Che Sun feelend (No. 15)	Mary St; 6-3 Ward) (If death occurred in
		a hospital or institu-
	2 FULL NAME Helen BRigg	tion, give its NAME in- stead of street and
Service Company	FULL NAME / COMPA	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
6	MARRIED, WIDOWED	Jonne 19 1192
10	male White (Write Menuger) all	(Month) (Day) (Year)
6 11	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
		1922 to 122 9 , 1922
	(Monto) (Day) (Yoar)	that I last saw h alive on Roy 18, 192 2
7 A	(Fig. 1)	and that death occurred on the date stated above, at . 100 mm
	If LESS than	The CAUSE OF DEATH A
	yrs3 I dayhrs.	At was as lonows;
8 0	CCUPATION	Wiles I N
(E	Trade, profession or	well monders
	articular kind of work	
n b	isiness, or establishment in	(Duration)yrs, nos 3 de
	hich employed or (employer)	
9 131	RTHPLACE (State or country)	Contributory Secondary
	md	
	10 NAME OF FATHER	16: 1 - to Alle March
	Tours & Rete	(Signed) M.D.
TS	11 BIRTHP AE OF FATHER	Abov. 20 192 2 (Address) The state of the Blanch Causing Death, on in deaths from
RENTS	(State or country)	*State the Disease Causing Death, or, in deaths from violent Causes, state (1) Means of Injury; and (2) whether
AR	12 MAIDEN NAME OF MOTHER	Accidental, Suicidal or Homicidal.
0	Dernie Shiple	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE	ients, or Recent Residents)
	OF MOTHER (State or country)	At place of death yrsmosda, State,yrsmosda,
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	as his (River	Former or
	(Informant) Charles July 1	usual residence,
	(Address)	19 PLACE OF BURIAL OR REMOVAL DETE OF BURIAL
15	(Addies The Company of the Company o	Trootburg mal Mar 40, 19 MM
F	iled Nov. 20, 1922, Harry Hlvaiss	20 UDERTAKER ADDRESS
,	Registrar	de le solla
		Vocus Heer Kunstelland
	unore blanks are needed. Mddress State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Caal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient. e. g., Farmer or Planter. fulness of various parenits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 prs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day worked on may form part of the second statement Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Housemuid, etc. If the occupation has been changed (a) Foreman, (b) Automobile factory. Statement of Occupation - Precise statement of oc-For many occupations a single word or term on The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar, pneumonia, Bronchopneumonia ("Pneumonia,"

ean be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatie), "Atrophy." "Collapse," conditions, such a "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death). 29 ds.: Broncho; neumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified. is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) head of "contributory." (R commendations on state quences (e.g., sepsis, tetanus) may be stated under the ture of the injury. As fracture of skull, and eonse train-accident: Revolver wound of head-homicide; Examples: Accidental deorning; Struck by railway as probably such. If impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under "Puerperal septicuemic." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as "Uraemia," "Weaknes "Dropsy," "Exhaustion." "Heart failure." "Haemorvulsions." (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; ment of cause of death approved by Committee on Poisoned by carbol's a id-probably suicide. The na-..... (name origin; "Cancer" is less definite; avoid FOR VIOLENT BLATTIS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), " :tc., when a definite disease Example: Meastes (disease "Coma." "Con-(second-(merely

V. S. No. 1.

1 PLACE OF DEATH	STATE OF MARYLAND
and Ollegany	CERTIFICATE OF DEATH
County Wolfgard 11669	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or on All man	I le double accurred to
Village or City (No. , ,)	St.; Ward) [If death occurred in a hospital or institution.
Wind Students	give its NAME instead
² FULL NAME WWW / WWW 2	Mounake of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 CONOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
To 1 WIDOWED	(Month) (Day) (Year)
Man Or Man (Write the word)	(Month) (Day) (Year) 17 / HEREBY CERTIFY, That Mattended deceased from
6 OATE OF BIRTH	100 /2 122 to VIV /2 1922
July 18 1922	(Am) 111 an
(Month) (Day) (Year)	that I last saw halive on 1997
7 AGE If LESS then	and that death occurred on the date stated above, at m.
vrs. mas ds OR mia.?	THE CAUSE OF DEATH * WEE as follows:
7.5	Expedience aribro spinal
OCCUPATION (a) Trade, profession, or	/ Thenengetts
o particular kind of work.	
(b) General neture of industry business, or establishment in	7/
which employed (or employer)	(Duretion) yrs. mos. / ds.
9 BIRTHPLACE (State or country)	Secondary
- Country)	
10 NAME OF	(Duration) yrs mos ds
FATHER Surge Shownake	(Signad) M. O.
U 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME (1)	Nov 13, 192 V (Address Tristburg Mid
Z OF FATHER (State or country)	*State the DISPASE CAUSING DRAIN, or, in deaths from VIOLENT
C 12 MAIDEN NAME OF MOTHER	CAUSES, state (1) Mrans of Injury; and (2) whether Accidental, Suicidal of Homicidal.
a OF MOTHER Strate Short	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place in the
OF MOTHER (State or country)	of death yrsmesds. Stele,yrsmesds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Whore was disease contracted, If not at piece of death?
Mar Jack	Former or
(Informant) Wyou brown with	usual residence
(Address) Uniforman Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 August 15	Total Cera Nov. 13 22
1/10 h = 0 ls / 1 / 1	29 UNDERTAKER ADDRESS
Filed 191	Jacob Stales In Andrews
	way our
If more blanks are needed, address State Registrar,	o w. paratoga St.,/Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Parmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Cool mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman." "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to business or industry, and therefore an additional line engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," Locomotive engineer, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebrosphal meningitis"); Diphthoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia of lungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic Struck by railway train—accident; Revolver wound of SUICIDAL, or nomicidal, or as probably such, if impossible surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerpenal septichumia," "Puerpenal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," to determine definitely. "Heart failure," "Hacmorrhage," "Inanition," "Marusgenital," "Senile," etc.), chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonueum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of MEANS OF INJURY and qualify as ACCIDENTAL, The nature of the injury, as fracture of skull (secondary), 10 ds. The contributory (secondary or intercur-Examples: Accidental drowning, "Dropsy," "Exhaustion," Never report mere acid-probably

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the equificate is permanently filed.

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WRITE MININ		7	- E
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× 2	vi.		60
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	County Me garry	STATE OF MARYLAND CERTIFICATE OF DEATH
7	Village or City Composition (No. 54, 6	Registration Dist. No. St.; Ward) (If death occurred in a hospital or institution, give its NAME in-
	2 FULL NAME (16 blit /) putz	nas stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 2 3 1(2 2 17 17 17 17 17 17 17
	6 DATE OF BIRTH / 30 1858	192 7, to 17 2 3 , 192 7, that I last saw h.M. alive on 192 2 2 192 2
	(Month) (Day) (Year)	and that death occurred on the date stated above, at 130 9. m.
	64 yrs. 8 mos. 2 4 ds. or min. ?	The CALLER OF DEATH & was as follower
	8 OCCUPATION (a) Frade, profession or particular kind of work. (b) General nature of industry	Both arther Mitral Vales &
1	business, or establishment in which employed or (employer)	Contributory (Sthrma, secondary
	(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Address) (Address)
	13 BIRTHPLACE OF MOTHER (State or country) Culherent Joubil	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Realdents) At place of death yrs. mos. da. State, yrs. mos. da.
	(Informant) Amel Minnu	Where was disease contracted, if not at place of death?
	(Address) Findent Ind	19 PLACE OF BURIAL OR REMOVAL EATE OF BURIAL
	Filed 192 2 Man Line Register	20 UNDERTOKER ADDRESS 18 W Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, tired 6 yrs.). Housemaid, etc. If the occupation has been changed ployed, as At school or At home. Care should be taken cr," etc., to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Croccry; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plantor, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lodar pneumonia, Bronehopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Coliapse," conditions, such as "Asthenia," "Anacmia" (merely ary), 10 ds. "Puerperal septicaemia.""Puerperal peritonitis," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, etc. (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., (secondary or intercurrent) affection need not be Whooping cough; "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal Chronic valvular heart disease; (Recommendations on state-Carcinoma, Sarcoma, etc., of Example: Measles Always qualify all The contributory "Coma," "Con-(disease (second-

	PLACE OF DEATH County Illegang The American State of the America	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Vi	Police or Cifecces Colored Confeel Manage or Cifecces Colored Confeel Manage (Notes of Manage of St. Classic R.	Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
1	PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OF RACE 5 SINGLE, MARRIED: MARRI	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 192 192 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1 (occupation a) Trade, profession or	and that death occurred on the date stated above, at
O b	b) General nature of industry pusiness, or establishment in which employed or (employer) HETHPLACE (State or country) 10 NAME OF FATHER	Contributory Arania My Olas de, Secondary (Duration) yra. mos. de, (Signed) Arania M. D. M
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) At place of death yrs mos. da. State yrs mes da.
is F	(Informant) Jany Mowledge (Address) January Hueiss Registrer	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL SATE OF BURIAL ANDRESS ANDRESS
	If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it household only (not paid Housekeepers who receive a er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesenpation is very important, so that the relative healthgaged in domestic service for wages, as Scrunt, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the laborer. Farm laborer, Laborer-Coal mine, etc. Womwhatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing Death Housemaid, etc. If the occupation has been changed ployed, as At school or At home. Care should be taken Civil engineer, Stationary firemen, etc. But in many Statement of Occupation-Precise statement of oc-Foreman. (b) Automobile factory. For many occupations a single word or term on As examples: (a) The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important: Example: Meastes inges, peritonucum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid symptomatic), "Atrophy." "Collapse," "Coma," "Conconditions, such ac "Asthenia." ary), 10 ds. Never report mere symptoms or terminal eausing death), 29 ds.; Bronchopneumonia Chronic interstitial rephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified. is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for whic! "Puerperal septicaem c." "Puerperal peritonitis." etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes" etc., when a definite disease rhage," "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion." "Heart failure." "Haemorvulsions," (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular ment of cause of death approved by Committee on Poisoned by carbal's acid-probably suicide. The natrain-uccident; Revolver wound of head-homicide; FOR VIOLENT US ATTIS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.); surgical operation was under-"Anaemia" heart discase; (second-(disease (merely

MARGIN RESERVED FOR BINDING

S. No. 1.

7

PLACE OF DEATH	STATE OF MARYLAND
asle gone	CERTIFICATE OF DEATH
near)	Registration Dist.
Village or City Day hades (No A)	. Hospistal-Ward) (If death occurred in
80000	a hospital or institu- tion, give its NAME in-
2 FULL NAME Tohn Staple	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
MARRIED, WIDOWED OR DWORKED OR DWORKED	(Month) (Day) (Year)
Male Write Write gle	17 I HEREBY CERTIFY, Thet I attended the deceased from
6 DATE OF BIRTH	Oct 3 1922 to) 4 , 1922.
(Month) (Day) (Year)	that I last saw h alive on 200 4 1932,
7 AGE (Month) (Day) (Year)	and that death occurred on the date statad above, at 373 .m.
I dayhrs.	The CAUSE OF DEATH 1/2 was as follows: 5
8 OCCUPATION ds.lormin. ?	70
(a) Trade, profession or particular kind of work.	Juki Cula Jaugugulio
(b) General nature of industry	0
business, or establishment in which employed or (employer)	(Dumetion) yre mog da,
9 BIRTHPLACE (State or country)	Contributory Moure pry Landers
10 NAME OF	(Duration) vro de.
FATHER Trank Stahles	(Signed) M.D.
11 BIRTHPLACE OF FATHER (State or country) 2 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Whenown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Whenowe	At place of death yrs. mos 4da State, yrs. mos da
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, with berland md
(Informant) Mr. Cooper	Former or usual residence 507 Lena St. 60 _ 00 _
(Address) Supt Haustack & and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 N . T HA	akron Ohio Nov. 5., 19.2.2
Filed Nov. 3, 1922. Tomey Weisa Registrar	20 UNDERTAKER ADDRESS
	James Otten Ounderland
O who blanks are metted, address State Registrate	16 W. Saratoga St., Balto., Requesting V. S. No. 1. Marl

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken en at home, who are engaged in the duties of the er," cte., Spinner, (b) Cotton mill; (a) Salcsman, (b) Groccry; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The queswhatever, write Nonc. tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewije, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation Precise statement of oe For many occupatious a single word or or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation term on

Statement of Cause of Death—Name, first, the dispersion of Cause of Death—Name, first, the dispersion of Cause of Death—Name, first, the dispersion of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,")

conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal head of "contributory." quences ture of the injury, as fracture of skull, and conse Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal septicacmia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uracmia," "Weakness." etc., when a definite disease rhage." "Inaultion." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," symaptomatic), "Atrophy," "Collapse, causing death), 29 ds.; Bronchopncumonia stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tunnor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on Whooping cough; Nomenclature of the American Medical Association.) (c. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart discase; (Recommendations on state-Example: Measles Always qualify all ", "Coma," "Cou-The na-Mcasles; (merely (second

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. 8.--Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

vi. 1

	PLACE OF DEATH Allegaere 11673	STATE OF MARYLAND CERTIFICATE OF DEATH
	County	Registration Dist. No.
Vil	lage or City macaunay (No	St.; Ward) (If death necerred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
m	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH My 6 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 D	OATE OF BIRTH Oct. 30 874 (Month) (Day) (Year)	that I last saw he alive on Kov. 6, 1927, and that death occurred on the date stated above, at 6 - P. m.
8 0	48 yrs. o mos. da. or min. ?	The CAUSE OF DEATH & was as follows: are converged of gell. Bladder
7 (h	a) Trade, profession or walk of work warticular kind of work was b) General nature of industry pusiness, or establishment in which employed or (employer) was a state or country) walk of the country walk of	(Duration)yrs
ENTS	11 BIRTHELACE OF FATHER (State or country) 10 NAME OF STATION OF	(Signed) No. 192 (Address) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAR	13 BIRTHPLACE OF MOTHER (State or country) Develous	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents) At place of death yrs. mos
14 1	(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence
15	Filed Mon. 8 1922 E Down Theglistrar	Steel Private gravyer Nov. 8 ,19 & 20 UNDERTAKER ADDRESS Tomacuing
()	Af more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto, Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the disease causing death, ployed, as At school or At home. Care should be taken whatever, write None. tired 6 yrs.). business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, cupation is very important, so that the relative health-Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or Al without more precise specification as Day Home, and children, not gainfully em-For persons who have no occupation -Coal mine; etc. Wom-

Typhoid fever (never report "Typhoid pueumonia") spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Lobar pneumonia, Bronchopneumonia ("Pueumonia," fever (the only definite synonym is "Epidemic cerebro-Statement of Cause of Death-Name, first, the pis-

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident: Revolver around of head-homicide; as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or diseases resulting from childhirth or miscarriage as can be ascertained as the cause. Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal septicuemia:" Puerperal peritonitis," "Uraemia," "Weaknes: " etc., when a definite disease rhage," "Inaultion." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," couditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal vulsions." "Debility" causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Meastes; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, etc. The contributory (mame origin; "Caucer" is less definite; avoid (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; ("Congenital," "Senile," etc.), (Recommendations on state-Always qualify all "Coma," (merely (disease (second-

tions answered in detail, it will prevent further correspondence. All-the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-

certificate is permanently filed.



S. No. 1.

PLACE OF DEATH County allegany 11674	STATE OF MARYLAND CERTIFICATE OF DEATH
WITHIN CORPORATE OF MILLS	Registration Dist. No. 4
Village or City Curificuland (No. Affe	St; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Seugle WIDOWELD OR DIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH NOV- 20, 192 17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year) 7 AGE	that I last saw hand alive on Mod ZO , 1927. and that death occurred on the date stated above, at Z ZO Pm.
a OCCUPATION (a) Trade, profession or particular kind of work	The CAUSE OF DEATH : was as follows:
(b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country)	(Duration) yrs. mos. de. Contributory Secondary
10 NAME OF Gudrew O. Thomas	(Signed) Williams M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfers, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRIP TO THE BEST OF MY KNOWLEDGE	At place of death yrs 3 mos de State, yrs mos de Where was disease contracted, Levelle, W.Va
(Informant) dra a Thomas	Former or usual residence. Levella, William
Fild ov, 20, 1922. Hurvey Huais	19 PLACE OF BURIAL OR REMOVAL SATE OF BURIAL POLICY OF BURIAL OR REMOVAL SATE OF BURIAL SATE OF
Olf more blanks are needed, address State Registrar.	16. W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from ployed, as At school or At home. Care should be taken whatever, write Nonc. business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing Death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman." "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, to report specifically the occupations of persons enhousehold only (not paid Housekeepers, who receive a laborer. Farm laborer, Laborer-Coal mine, etc. Womer." etc., without more precise specification as Day (a) Foreman, (b) Automobile factory. The material Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary foremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc-For many occupations a single word or term on The ques-

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Gerchrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pacumonia, Bronchopneumonia ("Pneumonia,")

conditions, such as "Asthenia," "Anaemia" (merely ment of cause of death approved by Committee on head of "contributory." quonces (e.g., sepsis, tetanus) may be stated under the train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or misearriage as can be ascertained as the cause. "Uraemia," "Weaknes." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemorsymptomatic), "Atrophy." "Collapse," "Coma," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. inges, perilonacum, etc., Carcinoma. Sarcoma, etc., of unqualified, is indefinite); Tuderculosis of lungs, men-Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by carbol's acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway taken. For violent duaths state means of injury State cause for which surgical operation was under-"Puerperal septienen'a." "Puerperal peritonitis," vulsions." "Debility" ("Congenital," "Senile," etc.), (secondary or intercurrent) affection need not be Chronic interstittal nephrilis, etc. The contributory use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid Whooping cough; Chronic valvular heart disease; (Rocommendations on state-Example: Mcastes Always qualify all Measles; (second-(disease "Con-

If this certificate is lo ked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Village or City NAME Walter adam Sa	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / O St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Wrise the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw him alive on nor a 1927
TAGE 1 LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in	Procedual latings Procedual latings (Duration) 6 yrs mas es.
which employed (or employer)	Contributory Typ 02 Tolls Julius Duss. Secondary (Duretjon), yrs. mos. 2 68.
On 11 BIRTHPLACE	(Signed) / State the M. O. (Signed) / State of E Ind.
Z OF FATHER (State or country) 12 MAIDEN NAME OF THE STATE OF THE STA	*State the DIBEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
of Mother Marya () NOUNQ 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At placs in the of deathyrsmesds. Where was disease contracted,
(Informant) AMA HANDLEDGE	if not at place of death?
Filed 1/8 1972 AY Boatelly MA	20 UNDERTAKER DATE OF BURIAL MA JOVE S DATE O

(Approved by U. S. Genstle and American Public Realth Assemblion.

employed, as At school or At home. Care should be business, that fact may be indicated thus: Farmer (retired know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton The material worked on may form part "Laborer," "Foreman," "Manager," "Dealer." etc., without more precise specification as Day laborer, Form laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully the occupations of persons engaged in domestie service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from For persons who have no occupation whatever, For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fereman, etc. But in many carees, especially in industrial employments, it is necessary to (b) Auloness of various pursuits can be known. The question applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupamill; (a) Salesman, (b) Grocery; (a) Foreman, Never return taken to report specifically of the second statement. mobile factory.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic erebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercukosis of lungs, menin-

under the head of "Contributory," (Recommendations on statement of cause of death approved by Committee on Nomenelature of the American Medical Association.) mus," "Old Age," "Shoek," "Uraemia," "Weakness," etc., when a definite discase can be ascertained as the cause. Always qualify all diseases resulting from child-"PUBRPERIAL perilogitis," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drouming; head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetonus) may be stated symptoms or terminal conditions, such as "Asthenia," ("Con-"Heart faihire," "Hremorrhage," "Inanition," "Marasges, perlonneum, etc., Carcinoma, Sarcoma, etc., of. (name bright, "Caneer" is less definite; avoid use of congn; Thronic valvular heart disease; Chronic interstitial 10 ds. Never report mere "Exhaustion," "Tumor" for malignant meoplasms); Measles; Whooping The contributory (secondary or intorcurrent) affaction need not be stated unless important. Example: Measles (disease eausing death), 29 ds.; Browor miscarriage as "PUEBPERAL septichuemia, Struck by railway train-accident; Revolver wound "Anaemia" (merely symptomatie), "Atrophy," lapse," "Coma," "Convulsions," "Debility" (genital," "Senile," etc.), "Dropsy," chopneumonu (secondary), nephritis, etc. birth

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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RECORD

STATE OF MARYLAND ACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. It death occurred in a hospital or institution. give its NAME instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIF CATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED. (Month) (Dav (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above. 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment la which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF ō back 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State yrs. ____ mos. _ Where was disease contracted. If not at place of death? ... Former or Every Item CAUSE OF Important. usuai residence DATE OF BURIAL (Address) 15 REGISTRAR If more blanks are needed, address State Registrate 6 E. Franklin St., Balls., lequesting V. S.

[Approved by U. S. Census and American Public Health Association.]

applies to cach and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is uec-Physician, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not (a) Spinner, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Compositor, Architect, Locomotive engineer, Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) Farmer or Planter, As examples: "Foreman," (4)

lesis of lungs, meninges, peritonaeum, etc., Carcin-("Pneumonia," unqualified, is indefinite): Tubercupneumonia"); brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing death (the primary affection with respect to Statement of cause of death-Name, first, the disease Typhoid Lobar pneumonia; Bronchopneumonia fever (never report "Typhoid

> nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Can scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inauition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (discase causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of dcath approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report

Lion's answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-



PLACE OF DEATH County Alegany 1167. Village or City Manual (No. 1999) 2 FULL NAME Ben Malla	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St; Ward) (If doath occl. red in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, WIDOM ED OR DATE OF BIRTH 8 6 8	16 DATE OF DEATH Mowth (Day), 1(2 (Month) (Day), (Year) 17 I HEREBY CERTIFY, That I attended the decensed from 192 L., to M. 14 L., 192 Z. that I last saw himalive on Manually 11, 192 Z.
7 AGE (Month) (Day) (Year) If LESS than I dayhrs.	and that death occurred on the date stated above, at 2. 7.0 m. The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country)	Chronic rephriting (Duration) / yrs / mos / 4 ds. Contributory Cardiac dilutation
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Unknown 12 MAIDEN NAME	(Signed) (Duration)
OF MOTHER TURENOWN 13 BIRTHPLACE OF MOTHER (State or country) Whenown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs mos da. State, yrs mos da. Where was disease contracted,
(Informant) Cardrew Robinson	Former or usual residence
Filed N. D. V. 14,1922. Harvey HUUSS Registrar	Frotting Ind nov. 14, 1977.
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto, Requesting V S No. 1

(Approved by U. S. Census and American Public Health Association.)

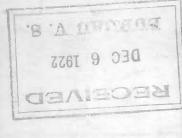
the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemoid, etc. If the occupation has been chauged gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Furm laborer, Laborer-Coal mine, etc. Womer," etc., worked on may form part of the second statement. Never return "Lahorer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, eupation is very important, so that the relative healthtired 6 ms.). Statement of Occupation -- Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"):

Lobar pneumonia, Bronchopneumonia ("Pneumonia"):

quences (e. g., sepsis, tetanus) may be stated under the symptomatic), "Atrophy," "Collapse," conditions, such a "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symmioms or terminal eausing death), 29 dx.: Bronchopneumonia stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentrain-accident: Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, of taken. For violent b. ATHS state MEANS OF INJURY "Puerperal septicaem": "Puirperal peritonitis," diseases resulting from childbirth or miscarriage as rhage," "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemor vulsions." Chronic intersatibil nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on state ture of the injury, as fracture of skull, and conse-Poisoned by carbol's acid-probably suicide. Examples: Accidental descening; Struck by railway State cause for which surgical operation was under ean be ascertained as the cause. "Uracmia," "Weakn's ." rtc., when a definite disease (seeondary or intercurrent) affection (need not be Whooping cough: "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; Example: Mensles Always qualify all "Coma," "Con-Measles; The na-(disease (second-

If this certificate is lo ked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



PLAGE OF DEATH	STATE OF MARYLAND
Confillegary 11678	© CERTIFICATE OF DEATH
Village or City Trostburg (N. 209 M	Registration Dist. No.
2 FULL NAME Mit Jane /	b hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Month) (Day) (Year) 17 O I HEREPY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	Jan 10 192 0 to 7 10 5 , 192
1 3 ,1854	that I last saw h ev, alive on June 10, 192 7,
7 AGE (Month) (Day) (Year)	and that death occurred on the dete stated above, at 8:2.00 m.
68 yrs. 10 mos. 2 ds. or min.?	The CAUSE OF DEATH : was so follows: Milial Egurgitation
8 OCCUPATION (a) Trade, profession or particular kind of work. Work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Dyre of the design of the allalier
9 BIRTHPLACE (State or country) Maryland.	Secondary Secondary The Duration of the Secondary description of the Secondary
10 NAME OF John Davis	(Signed) Hower Ma Zamm. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths/from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER amie Hatton	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs. mos da. State,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Harry 6, Milliams	Fermer or usual residence.
(Address) 209 Maple St. Fristburg	Of legany Ornatury Mar. 7, 1922
Filed 192 2 Manual Registrar	20 ONDERTAKER SALT Secretary Ma
If more blanks are needed, address State Registrar.	18 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the dutles of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in Industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary Arcmen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

Lobar pncumonia, Bronchopneumonia ("Pneumonia, Typhoid fever (never report "Typhoid pneumenia") spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemie cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-

> head of "contributory." Nomenclature of the American Medical Association.) ment of eause of death approved by Committee on quences (e.g., scpsis, tctanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as rhage," "Inanition," "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," "Anaemia" (merely taken. For VIOLENT DEATHS state MMANS OF INJURY can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes.," etc., when a definite disease "Dropsy," "Exhausticn," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. stated unless Important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menvulsions," causing death), 29 ds.; Bronchopncumonia Chronic interstitial nephritis, etc. The contributory inges, peritonaeum, etc., (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart discase; "Debility" ("Congenital," "Scnile," etc.), Never report more symptoms or terminal (Recommendations on state-Carcinoma, Sarcoma, etc., of (second-

ence. All the data is essential and must be obtained hefore tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-

the certificate is permanently filed.

County College 1 10 10 91-0 CERTIFICATE OF DEATH Registration Dist. No. 4 And the Components of the College 1 10 10 10 10 10 10 10 10 10 10 10 10 1	
and comported to a land of allege to the second	
() and her the allegance That	
Village or City Ward) (No. Ward) (If death occurred in a hospital or institution of street and of	
² FULL NAME John Hulliams number.)	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED UND 16 DATE OF DEATH MARRIED (Month) (Day) , 15.2 2 (Month) (Day)	
(Write the word) 17 I HEREBY CERTIFY, That I attended the deceased fro	
(97) 192-, to L. W. C	-
(Month) (Day) (Year)	7.9
7 AGE If IESS than	ra.
dayhrs. The EAUSE OF DEATH it was as follows:	
about 3. D. yrs mos de or _ min. ? Knftnid Uninsisms	-
8 OCCUPATION (a) Trade, profession or	-
particular kind of work. A ward was the state of industry	
business, or establishment in (Duration)	4,
9 BIRTHPLACE Contributory Secondary	1
(State or country)	la.
10 NAME OF FATHER (Signed) Thy (Mh find M. I	D.
a link flower Monts 1922 (Address) Complet Mot?	
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans	
12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents)	3-
13 BIRTHPLACE OF MOTHER (State or country) At place of death yrs. mos. da. State, yrs. mos. da.	۵.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?	
(Informant) allegan Control from allegan usual residence of the form allegan	To
19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL	4
(Address) 6 Allegent, benely Nov. 7, 192	3
Filed Nov. 6, 1922. Harvey Hueis 20 INDENTAKER ADDRESS	
If more blanks are needed, address State Registrat, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	-

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupatiou state occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Servant, Cook, whatever, write Nonc. business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons euployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, household only (not paid Housekeepers who receive a eu at home, who are engaged in the duties of the taborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked ou may form part of the second statement. (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces Civil engineer, Stationary firemen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tiou applies to each and every persou, irrespective fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation Precise statement of oc-For many occupations a single word or term on without more precise specification as Day and children, not gainfully em-The nuaterial

Statement of Cause of Death—Name, first, the piscase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meuingftis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ment of cause of death approved by Committee head of "contributory." Nomenclature of the American Medical Association.) quences ture of the injury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. train-accident; Revolver around of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent deaths state micans of injury State cause for which surgical operation was under-"Puerperal seplicaemia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Concouditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal vulsions." "Debility" ("Congenital," "Senile," etc.), causing stated unless important. inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Chronic interstitial nephritis, etc. The contributory use of "Tunuor" for malignant neoplasms); Meastes; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; (mame origin; "Cancer" is less definite; avoid (e. g., sepsis, tetanus) may be stated under the death), 29 ds.; Bronchopneumonia (Recommendations on state-Example: Measles (disease Struck by railway (second-(merely

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DEC @

6 1922

BINDING

FOR

MARGIN RESERVED

S. No. 1.

>

Village or Circumberlandon S 2 FULL NAME Paul Williams	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Unknow WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day), 1(2 2 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I amount the body of t
(Month) (Day) (Year)	of the deceased november 13, 192 2,
8 OCCUPATION (a) Trade, profession or particular kind of work (b) Trade, profession or particular kind of work (c) Trade, profession or particular kind of work	and that death occurred on the date stated above, at 7. In. m. The CAUSE OF DEATH & was as follows: Sunshart wound inflicted by Frunk Trancisco with intent to muder.
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
10 NAME OF FATHER Unknown 11 BIRTHPLACE OF FATHER (State or country) Unknown 12 MAIDEN NAME OF MOTHER ()	(Signed) (Signed) (Signed) (Signed) (Signed) (Address) (
13 BIRTHPLACE OF MOTHER (State or country) Unknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place In the State,yrsmosda.
(Informant) Jours Slein,	Where was disease contracted, if not at place of death?
(Address) fumberland, Md File New, 16, 1922. Harvey HWaiss Registrar Off more blanks are needed. address State Registrar.	PLACE OF BURIAL OR REMOVAL RATE OF BURIAL ROLL OF Gem Nov. 16, 1922. 20 PDER AKER Stein ADDRESS ADDRESS Louis Stein Comberland 16 W. Saratoga St., Balto., Requesting S. No. 1.

(Approved by U. S. Geneus and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various parsuits can be known. The queseupation is very important, so that the relative healthwhatever, write Nonc. tired 6 yers.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House. household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the taborer, Farm taborer, Laborer-Coal mine, etc. Woner," etc.. Never return "Laborer," "Foreman." "Manager," "Dealworked on may form part of the second statement Spinner. (b) Cotton mitt; (a) Salesman, (b) Grocery; should be used only when needed. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary fremen, etc. Housemaid, etc. If the occupation has been changed Statement of Occupation Precise statement of oc-Foreman, (b) Automobile factory. For many occupations a single word or term on without more precise specification as Day As examples: (a) The material But in many

Statement of Cause of Death—Name, first, the nisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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DEC 6 1922

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write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second 'statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mone, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtharia (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified, is indefinite);

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head—homicide; Poisoned by carbolic Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conbirth or miscarriage "Heart failure," "Huemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," Example: Measles (discase causing death), 29 ds.; Bronrent) affection need not be stated unless important ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... chopneumonia (secondary), 10 ds. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tunor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock," "Uracmia," "Weakness, Always qualify all diseases resulting from child-The contributory (seeondary or intercur-28 "Puerperal septicharmia," "Dropsy," Never report mere acid-probably "Exhaustion,"

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DEC

S. No. 1.

N. 18. ..

1

PLACE OF DEATH	STATE OF MARYLAND
allegames, 11682	(#3) CERTIFICATE OF DEATH
County Carry	Registration Dist. No.
Village or Commentary (No. 4 25 /	Talmate St.; 3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
I color or race 5 single, MARRIED, WIDOWED OR DIVOLED (Write Willows)	(Month) (Day) 15 2 2 (Year) I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	about Pot 15 1922 10 MOV 25 , 1922
ling 1 , 1927	that I last saw h seen slive on 160 V. 20 , 192 2.
7 AGE (Vear)	and that death occurred on the date stated above, at 4.4m The CAUSE OF DEATH & was as follows: Started—enterities: 6 weeks. Custon.
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs. 7 mos. de. Contributory Secondary
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE 14 B Straldard	(Signed)
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	At place of death yrs. mos. da. State,yrsmosde. Where was disease contracted, if not at place of death?
(Address) Combinad Filed Nov. 25, 1922. Harvey H. Weiss Registrar	19 PLACE OF BURIAL OR REMOVAL SATE OF BURIAL 29 UNDERTAKER ADDRESS ADDRESS
A If more blanks are needed address State Periatras	16 W Sarators St. Balto Requesting V S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Parm laborer, Laborerworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various parenits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo know (a) the kind of work and also (b) the For many occupations a single word or term on 70 At Home, and children, not gainfully emwithout more precise specification as Day -Coal minc, etc. Womtherefore an The ques-

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumenia"): Lobar pacumonia, Bronchopneumonia ("Pneumonia."

> conditions, such as "Asthenia," "Anaemia" Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was under-"Puerperal septicuencia." "Puerperal peritonitis," diseases resulting from childbirth or misearriage as ean be ascertained as the cause. "Uraemia," "Weaknest," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart vulsions." symptomatic), "Atrophy," "Collapse," "Coma," ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopncumonia stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men Whooping cough; Chronic valvular heart discuse; (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Semile," etc.); (Recommendations on state-Example: Mcasles Always qualify all failure." "Haemor The contributory Measles; (mercly terminal (second-(disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 0 1955

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County alls Co Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PART 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE (Write the word) HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) and that death occurred on the date stated above, at 7 AGE If LESS than The CAUSE OF DEATH & was as folls I day hrs.ds. or min. ? 8 OCCUPATION (a) Trade, profession or particular kind of work carefully In plain (b) General nature of industry business, or establishment in (Duration) ... which employed or (employer)..... 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER AUSE TION 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether OF TATHER (State or country Accidental, Suicidal or Homicidal. 2 A 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 13 BIRTHPLACE At place of death Inthe OF MOTHER State, yrs. mos. da (State or country) Where was disease contracted, if not at place of death?..... Former or usual residence. Every its CIANS statement If more blanks are needed, address State Registrar W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, er," etc., without more precise speciments. Won-laborer, Farm laborer, Laborer—Coal mine, etc. Wonwhatever, write None. or given up on account of the bisease causing beath, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or .1t definite salary), may be entered as Housewife, House en at home. Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. The material Spinner. (b) Cotton mill; (u) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and worked on may form part of the second statement should be used only when needed. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plantor, Civil engineer. Stationary premen, etc. But in many tion applies to each and every person, irrespective of fulness of various parenits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc 6 yrs.). For persons who have For many occupations a single word or term on Home. and who are engaged in the children, not gainfully em-As examples: (a) no occupation duties of the therefore an

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